

STANDARD FORM 66
October 1966
FLOWERED BY U. S. CIVIL SERVICE COMMISSION
Federal Personnel Manual 2-4
50-101

SECRET

Official Personnel Folder

SECRET, y

448919

RETURN TO PERSONNEL & RECORDS CENTER
IMMEDIATELY AFTER USE
JOB 70-374 BOX 23



6 JUL 1966

NOEL, JAMES A.

QUALIFICATIONS

term
8-3-68
70-274
A-23

21 May

[Redacted]

Dear [Redacted]

I am very pleased to forward to you your Letter of Commendation from Mr. Helms and your Certificate of Retirement.

Your service medallion has been ordered and, of course, will be sent to you as soon as it is received from the engraver. You should have it in approximately ten weeks.

Sincerely,

F. W. M. Jannoy
Director of Personnel

- Enclosures
Distribution:
0 - Addressee
4 - OPF
1 - D/Pers
1 - ROB Soft File
1 - ROB Reader

CIA Letterhead

OP/RAD/ROB/[Redacted]

gln 14 May 1975

REF ID: A5706

Post Office Box 1925
Washington, D. C. 20013

21

[Redacted]

Dear [Redacted]

I am responding to your letter of 27 November addressed to Mr. John F. Blake, former Director of Personnel.

Your request that your Certificate of Retirement and your Letter of Commendation from the Director be released to you was given very careful consideration. I am most sorry to advise that circumstances still prevail which preclude their release.

Sincerely,

F. W. M. Janney
Director of Personnel

- Distribution:
- 0 - Addressee
 - 1 - D/Pers.
 - 1 - OPF
 - 1 - ROB Soft File
 - 1 - ROB Reader

OP/RAD/ROB/[Redacted] 18 December 1973)

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM					
UNCLASSIFIED		CONFIDENTIAL		SECRET	
OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS	DATE	INITIALS		
1	CCS/CSB CH-44 Hqs	7 Dec	<i>[Signature]</i>		
2					
3					
4	<i>ROB/Cleaner</i>				
5	<i>205 Magazine</i>				
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
<p>Remarks:</p> <p>Dick:</p> <p>Would you please take another look at this one to see if we might now release letter and certificate.</p> <p style="text-align: right;"><i>Eleanor</i></p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div>					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.				DATE	
ROB, 205 Magazine, x2847				12/5/73	
UNCLASSIFIED		CONFIDENTIAL		SECRET	

FORM NO. 237
1-67

Use previous editions.

(40)

[redacted]
November 27, 1973

Mr. John F. Blake
Director of Personnel
Central Intelligence Agency
Washington, D.C., 20505

Dear Mr. Blake:

I am writing to you personally and directly at the
suggestion of my old friend and new neighbor, [redacted]
[redacted]

As the records will show I retired in the spring of 1971 after 40 years of Federal service 27 of which were with the Agency and predecessor organizations. At the time of my retirement a small ceremony was held, presided over by Mr. Tom K., and I was shown various items attesting to my length of service, dedication to duty, etc. However, I was not permitted to take these items with me due to certain [redacted] considerations which I admit have never been quite clear to me. I was told informally in the division that perhaps after a year the items would be forwarded to me. It will soon be three years and I have not yet received them.

I am sure I don't need to tell you how much these items mean to me and what they will mean to my sons in later years. Therefore I would appreciate hearing from you as to the status of these items. I am sure there are many other fellows in the same boat.

Anxiously awaiting your reply, I am

[redacted]

DISPATCH		CLASSIFICATION SECRET	PROCESSING ACTION
TO	Chief, [redacted]		<input checked="" type="checkbox"/> MARKED FOR INDEXING
INFO			<input checked="" type="checkbox"/> NO INDEXING REQUIRED
FROM	Chief of Base [redacted]		<input type="checkbox"/> ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	[redacted] ADMIN - Retirement Letter & Certificate - [redacted]		<input type="checkbox"/> MICROFILM
ACTION REQUIRED - REFERENCES			
<p>Action: For your retention</p> <p>Ref: [redacted] dated 8 November 1971</p> <p>Forwarded under separate cover is the retirement letter and certificate of [redacted] has seen these documents and they are being returned per Reference instructions.</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin: 10px 0;"></div> <p>Attachment: Letter & Certificate u/s/c</p> <p>Distribution: 3-C, [redacted] w/att u/s/c</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER [redacted]	DATE 21 March 1972	
	CLASSIFICATION SECRET	FILE NUMBER	

August 25, 1971

Dear Tom -

I am taking advantage of Gene's coming visit to Washington to send you this little note.

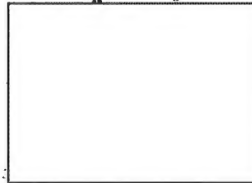
We will be moving to the San Diego area the end of this month and hoped to be settled into our new home there by the time mid-September rolls around.

Tom, you will recall that at the time of my retirement you presented me with a letter from Dick, a certificate of service, and (I understood) a silver medallion. All of these items were then returned to be safely stored away until some future date - not specified. I am sure you can appreciate that these items mean an awful lot to me - and eventually will mean a lot to my two sons. I realize and appreciate the need, for discretion with respect to displaying these items to friends, etc. At the same time I realize that as the years pass the chances of these items getting "lost" or falling between the chairs back home is very good. I do not want to lose them and it goes without saying that I would honor any restrictions that might be imposed in the event they are sent to me. The outfit in past years has entrusted me with top secrets, with the management of unvouchered funds, with details of sensitive operations. Surely it can now trust me to use intelligent discretion in the safeguarding of these items I write about. I would appreciate it Tom if you would take this request into careful consideration.

When I saw you last in Washington you promised one day you would be making a trip out to San Diego. I am holding you to that and hope it will be soon.

[] joins me in sending you our warmest regards. Don't forget - wherever I am you and the outfit have a sincere friend who is prepared to help out to the best of his ability.

Sincerely,

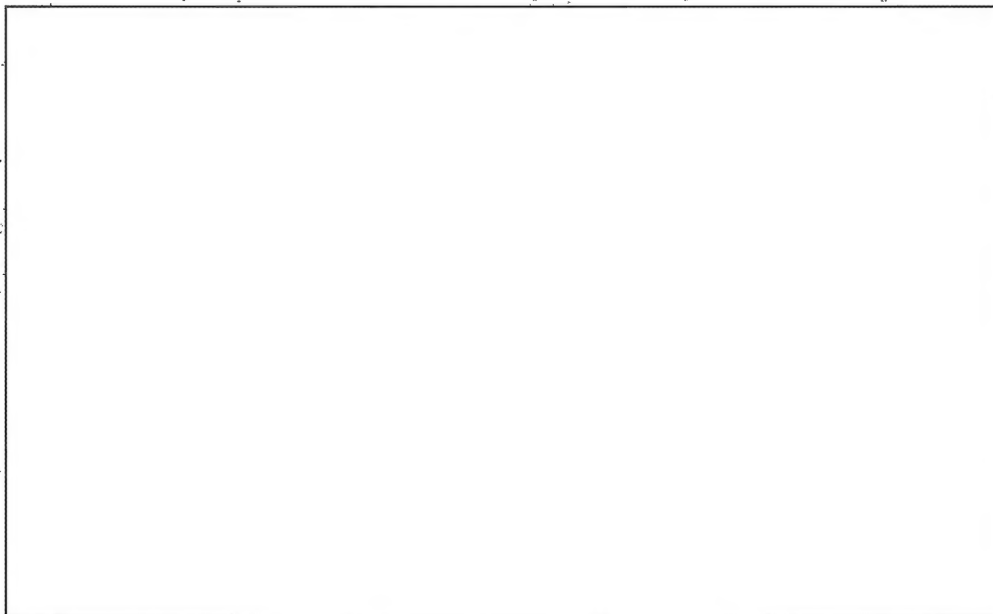


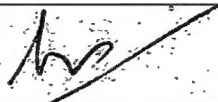

SECRET

14 September 1971

MEMORANDUM FOR: SA/ADDP

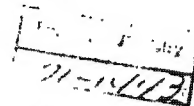
SUBJECT: 





Chief, Central Cover Staff

SECRET

710983



20 MAR 1971

Dear Jim:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than forty years of service to your country. The success with which you have met this challenge should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helma

Richard Helma
Director

Distribution:

- O - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB
- 1 - ROB Reader

Originator:

Harry B. Fisher
Director of Personnel

Telephone Concurrence

*Concur:

16 March 1971

C/EAB/OS

OP/RAD/ROE (16 March 1971)

* May be shown to Subject but must be retained in Agency files.

TR SMITTAL SLIP		DATE 22 May 1970
TO: OP/TRB - <input type="text"/>		
ROOM NO. 5 E 13	BUILDING Hqs	
REMARKS. <p>Would you be able to get the prior Federal Service file on this fellow. He's now a Career Agent with DOD and making retirement plans.</p> <div style="border: 1px solid black; height: 30px; width: 250px; margin: 5px 0;"></div> <p><i>5/22/70 Request sent to Encl. R/C. AT</i> <i>7/14/70 Request sent to Encl. AT</i> <i>CCS. AT</i> <i>7/17/70 R/C searching 95.3 file for</i> <i>late Dept file. AT</i> <i>9/18/70 - Per P.S. (ROB) are in file</i> <i>needed for 31 sec. cat. system</i></p>		
FROM: RAD/ROB: <input type="text"/>		
ROOM NO. 205	BUILDING Magazine	EXTENSION 3251

FORM NO. 241
1718-33-241

REPLACES FORM D-8
WHICH MAY BE USED

(67)

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C. 20415

F 18

REQUEST FOR OFFICIAL FILES

TO:

National Personnel Records Center
General Services Administration
111 Winnebago Street
St. Louis, Missouri 63118

DATE

25 MAY 1970

6-5-70

INA: SNT

FILE
NAME

DATE

Please furnish the following material, needed by the Commission for the purpose shown below. The bottom part of this form is for your use as a transmittal. This material will be returned to you as soon as it has served its purpose. Any material classified under E. O. 10501 should be safeguarded and transmitted in accordance with the requirements of that order.

MATERIAL REQUESTED:

- ☒ Official Personnel File
- ☒ Abstract of Federal Employment from Official Personnel File
- ☐ Copies of any interviews held
- ☐ Copies of interrogatories and replies
- ☐ All copies of FBI reports of investigation (if you no longer employ this person, these reports will not be returned - See FPM Chapter 73b, Subchapter 5)

PURPOSE:

- ☐ Request for consideration under C.S. Regulation 731.401
- ☐ Request for consideration under C.S. Regulation 732.401
- ☐ To answer Congressional or other correspondence
- ☐ For use in considering pending application for examination
- ☒ Special Request
Chief, Division of Adjudication and Appraisal

☒

on, Director
Personnel Investigations

TO: Division of Adjudication and Appraisal
Bureau of Personnel Investigations
U. S. Civil Service Commission
Washington, D. C. 20415

The material indicated below is attached as requested.

- ☐ Official Personnel File
- ☐ Abstract of Federal Employment
- ☐ Copies of any interviews held
- ☐ Copies of interrogatories and replies
- ☐ All copies of FBI reports of investigation

REMARKS:

6-18-70

DATE

25 MAY 1970

SIGNATURE

OFFICIAL TITLE

PERSONNEL

SECRET

27 April 1970

MEMORANDUM FOR: Chief, Retirement Affairs Division

SUBJECT: [REDACTED]

REFERENCE: Dispatch - [REDACTED] 19 March 1970

1. Attached is a copy of a dispatch from subject, now a career agent - in which he poses certain questions with respect to his retirement status.

[REDACTED]

2. Since subject's retirement plans are directly involved with the service claimed, it would be appreciated if his records could be checked. Perhaps the Records Center could be checked.

[REDACTED]
Chief, DO Personnel & Training

Attachment: As Stated

SECRET

DISPATCH

SECRET

TO: Chief, [REDACTED]

INFO:

FROM:

SUBJECT:

Chief of Base [REDACTED]

ISGOLD/USARV

Retirement Plans - [REDACTED]

ACTION REQUIRED - REFERENCES

REF: [REDACTED] 26 February 1970

1. Reference has been seen and noted by [REDACTED] and Headquarters' offer to assist him in programming his retirement is greatly appreciated.

2. There is a matter in which Headquarters could be of assistance and which, conceivably, could influence a decision on the part of [REDACTED] to retire before he reaches his 60th birthday in March 1971. It is this. When [REDACTED] resigned from [REDACTED] on 15 August 1954, to accept employment on 18 August 1954, with HONOLULU, he had to his credit with LHCOR a considerable amount of annual and sick leave accrued over a period of almost fourteen years. Due to regulations or practices in effect at that time he was not paid for his annual leave but was told that both his annual and sick leave balances would be held in escrow and if he returned to ISGOLD employment in the future the credits would be reinstated. Years later when [REDACTED] was being integrated into ISGOLD, he had a conversation with [REDACTED] and [REDACTED] leave credits and was informed by the ISGOLD official handling the integration papers that reinstatement of his leave could not be granted due to the fact that there had been a "break in the continuity of [REDACTED]'s government."

...Continued...

Distribution:

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

19 March 1970

CLASSIFICATION

FILE NUMBER

SECRET

CONTINUATION OF
DISPATCH

SECRET

service" as reflected by the papers submitted by [redacted] to INGOLD in connection with the information process.

[redacted] has been in continual government service from 20 January 1931 to date without a single day's break in service, as his personnel record will disclose. He realizes, of course, that he has long lost his annual leave credit with INGOLD and the lost annual leave is therefore not a matter of contention at this writing. However, he is most interested in now ascertaining whether the sick leave which he had to his credit when he resigned from INGOLD in 1944 can be recovered and added to his sick leave balance now being held by [redacted]. Since unused sick leave can now be used in computing longevity for retirement purposes, the recovery of this sick leave could play an important part in [redacted] retirement plans. Consequently, he would greatly appreciate it if the appropriate Headquarters officials would look into this matter at their earliest convenience.

3. [redacted] would also like to raise another matter relating to his service with INGOLD. [redacted] served from October 1933 to July 1941 at Mazatlan, Mexico, which was then designated by the INGOLD as an "unhealthful post" for retirement purposes. Each year of duty at an unhealthful post entitled the employee to one and one half years of credit for retirement purposes. [redacted] would appreciate learning whether his service at Mazatlan during the period mentioned would, under present rules, entitle him to extra retirement credit.

4. A ruling by Headquarters on the two points raised is respectfully requested.

Originated by: [redacted]

SECRET

Do Not Fill In

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		29 July 1968	
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED	
RESIGNATION				MONTH DAY YEAR 08 03 68	
5. FUNDS				6. LEGAL AUTHORITY (Completed by Office of Personnel)	
<input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF				9129-0256	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION	
DDP/DOD US FIELD					
11. POSITION TITLE				12. POSITION NUMBER	
CHIEF OF BASE				0150	
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)				15. OCCUPATIONAL SERIES	
GS				0136.08	
16. GRADE AND STEP				17. SALARY OR RATE	
16 6				3 26,640	
18. REMARKS					
Subject is reemployable. 1815 H. ST. N.W. WASH., D.C.					
19. SIGNATURE OF REQUESTING OFFICER		DATE SIGNED		100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
		Pers. & Training		3 Aug 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEREST CODE	24. MOOTHS CODE
43	10	NUMERIC ALPHABETIC			2
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRELATION CANCELLATION DATA	33. SECURITY REQ NO.	34. SEX	35. PAY PREFERENCE	36. SERV COMP DATE
37. LONG. COMP. DATE	38. CAREER CATEGORY	39. REGAL/HEALTH INSURANCE	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. POSITION CONTROL CERTIFICATION	46. OP APPROVAL	DATE APPROVED	
			HB. Fisher	6 AUG. 68	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(When Filled In)

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE 03 August (Date) FOR THE FOLLOWING REASON.

Just in

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

see attached

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

1815 H. St. NW
Washington DC

INSTRUCTIONS

Items 1, thru 7
and
Items 9 thru 18a

The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular
Part Time
Temporary
Temporary-Part Time

Summer
Detail Out
Detail In

WAE
Consultant
Military

AUG 8 11 AM '68

PERSONAL AFFAIRS
BRANCH

OFFICE OF
PERSONNEL

Item 9 — "Organizational Designations" should show *all* levels of organization and identify the location of the position:

Major Component (Director, Deputy Director, etc.)
Office, Major Staff, etc.
Foreign Field or U.S. Field (if pertinent)
Division or Staff (subordinate to first line)
Branch
Section
Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				19 April 1968	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION REMOVAL FROM CIA RETIREMENT AND DISABILITY SYSTEM - VOLUNTARY			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 05 68		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
V TO V		V TO CR		8129-0256 PL 88-643 Sect. 203	
CR TO V		X CR TO CR			
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP					
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
					D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE
				16	\$
18. REMARKS					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. HOURS CODE
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.	28. DATE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ISE 2-TRA 3-NONE
					CODE 1
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO.	34. SEX	EOD DATA	
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV. COMP. DATE MO. DA. YR.	37. LONG COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CAR. RESV. PROV. TEMP.	39. FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE EXEMPT.		
45. POSITION CONTROL CERTIFICATION			46. DATE APPROVED		
R-R 4-25-68			23 APR 68		

FORM 1152 USE PREVIOUS EDITION.

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 12 OCTOBER 1967	
1. SERIAL NUMBER		2. NAME (Last-First-Middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
3. REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH: 10 DAY: 08 YEAR: 67		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		V TO V C TO V		V TO C C TO C		7. FINANCIAL ANALYSIS NO CHARGEABLE 8129-0256	
9. ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. FIELD <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
11. POSITION TITLE CHIEF OF BASE (GS-00)				12. POSITION NUMBER 0150		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.08		16. GRADE AND STEP 16		17. SALARY OR RATE 23425	
18. REMARKS T/O Change. TFA							
19A. <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Pers. & Training				DATE SIGNED 12 OCT		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
DATE SIGNED 4 Oct 67							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 39		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC: 4350 ALPHABETIC: DOD		22. STATION CODE 7-009	
23. INTEGRITY CODE 2		24. MOOTRS CODE 2		25. DATE OF BIRTH MO: 10 DA: 08 YR: 67		26. DATE OF GRADE MO: 10 DA: 08 YR: 67	
27. DATE OF LES MO: 10 DA: 08 YR: 67		28. NTE EXPIRES MO: 10 DA: 08 YR: 67		29. SPECIAL REFERENCE 1-ESC 2-FILE 3-NONE		30. RETIREMENT DATA CODE	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE: EOD DATA		33. SECURITY REG. NO.		34. SER	
35. VET PREFERENCE CODE: 0-NONE, 1-5 PT, 2-10 PT		36. SERV. COMP. DATE MO: 10 DA: 08 YR: 67		37. LONG. COMP. DATE MO: 10 DA: 08 YR: 67		38. CAREER CATEGORY CODE: 1-YES	
39. FEDERAL HEALTH INSURANCE CODE: 1-YES		40. SOCIAL SECURITY NO.		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NONE, 1-NO, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	
43. FEDERAL TAX DATA FORM EXECUTED: 1-YES		44. STATE TAX DATA FORM EXECUTED: 1-YES		45. POSITION CONTROL CERTIFICATION RL		46. O P APPROVAL 10/20/67	
47. DATE APPROVED 18 OCT 67							

FORM 1152 2-66

USE PREVIOUS EDITION

SECRET

Receives

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

ADMINISTRATIVE
INTERNAL USE ONLY

27 APR 1967

MEMORANDUM FOR :

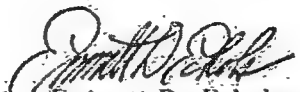
SUBJECT : Retirement Planning

1. As a participant in the CIA Retirement and Disability System, you will reach mandatory retirement at age 60. The prospect of retirement deserves serious thought and planning because of its impact on each of us and for this reason, we are taking this opportunity to provide you with this advance notice that according to our records you will be required to retire on March 1971.

2. Planning ahead can bring about, with each passing year, definite progress toward your retirement goals and the Agency is anxious to assist you in your retirement planning.

3. We would like to make available to you as much information as possible on the general subject of retirement, your annuity estimates, life and health insurance protection in retirement, opportunities for other employment, Social Security benefits, and other additional material which is available. The Agency feels that this type of information and advisory service should be made available and, hopefully, will be used by employees well in advance of the date of retirement.

4. Our Chief, Retirement Branch, on extension 3257, is available to discuss with you any aspect of your retirement planning and we encourage you to contact him.


Emmett D. Echols
Director of Personnel

ADMINISTRATIVE
INTERNAL USE ONLY

SECRET

DDI/PA:3882

DO 66-197

16 AUG 1966

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of [redacted] as Chief
of Base [redacted]

1. The appointment of [redacted]
[redacted] effective 8 September 1966 is recommended.

2. [redacted] has been an employee of the Agency since 18 Sep-
tember 1947, and was previously assigned as Chief of Station [redacted]
[redacted] A biographic profile, including information regarding his
Agency experience and training, is attached.

[redacted]
Chief, DO Division

1. Attachment
Biographic Profile (Parts 1 & 2)

APPROVAL RECOMMENDED:

[Signature]
Acting, Deputy Director for Plans

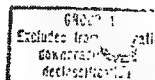
16 Aug. 66
Date

The recommendation in paragraph 1 is APPROVED:

[Signature]
Director of Central Intelligence

17 Aug. 66
Date

SECRET



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								17 Nov. 1966		
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT CORRECTION					MONTH DAY YEAR 08 14 66			REGULAR				
6. FUNDS		V TO V		V TO C		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
C TO V		XX		C TO C		7129-0256						
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION							
DDP/ <input type="checkbox"/> U.S. FIELD												
OFFICE OF THE CHIEF												
11. POSITION TITLE					12. NO.			SIGNATURE				
CHIEF OF BASE					0150			D				
14. CLASSIFICATION SCHEDULE (GS, F, P, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS				0136.08		16 5		\$ 22,755				
18. REMARKS												
<p>Subject is being assigned to this position in accordance with HR 20-11-103</p> <p>for a 1 year period.</p> <p>Care. eff. date from: 08-10-66 to 08-14-66</p>												
19. ACTION CODE					20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE	
							NUMERIC ALPHABETIC					
24. HRT EXPIRES					25. SPECIAL REFERENCE		26. RETIREMENT DATA		27. SEPARATION DATA		28. CORRECTION CANCELLATION DATA	
MO. DA. YR.					MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
29. VET PREFERENCE					30. SERV. COMP. DATA		31. LONG. LOUP DATA		32. CAREER CATEGORY		33. FEGLI/HEALTH INSURANCE	
CODE					MO. DA. YR.		MO. DA. YR.		CODE		CODE	
34. PREVIOUS GOVERNMENT SERVICE DATA					35. SERVE CAT. CODE		36. FEDERAL TAX DATA		37. STATE TAX DATA			
CODE					CODE		CODE		CODE			
38. POSITION CONTROL CERTIFICATION					39. G.P. APPROVAL		DATE APPROVED					
11-20-66 / 15					WE-		29 JUL 66					

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 25 JULY 1966	
1. SERIAL NUMBER ✓		2. NAME (Last-First-Middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
3. CONVERSION FROM <div style="border: 1px solid black; width: 40px; height: 20px;"></div> STATUS		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 13 66		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V <div style="border: 1px solid black; width: 40px; height: 20px;"></div> V TO O <div style="border: 1px solid black; width: 40px; height: 20px;"></div> O TO V <div style="border: 1px solid black; width: 40px; height: 20px;"></div> XXXX O TO O <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		7. COST CENTER NO CHARGEABLE 7136-1347		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP WE <div style="border: 1px solid black; width: 100px; height: 20px;"></div> OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; width: 100px; height: 20px;"></div>			
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER (16) 0399		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 16 5	
17. SALARY OR RATE 22735 \$ 22,335		18. REMARKS <div style="height: 100px;"></div>			
DATE SIGNED C/E/PERS		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		DATE SIGNED 27 JUL 66	
FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE 56	21. EMPLOY CODE 10	22. OFFICE CODING NUMERIC ALPHABETIC 50660 WE 67033	23. STATUS CODE 3	24. MONTHS CODE 3	25. DATE OF BIRTH MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
26. DATE OF GRADE MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	27. DATE OF LST MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	28. DATE OF BIRTH MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	29. DATE OF GRADE MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	30. DATE OF LST MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	31. DATE OF BIRTH MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
32. NTE EXPIRES MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	33. SPECIAL REFERENCE 1-EX 2-ITA 3-REAR <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	34. RETIREMENT DATA CODE <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	35. SEPARATION DATA CODE <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	36. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	37. SECURITY RTO NO. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
38. VET PREFERENCE CODE 0-NONE 1-5 PT. 2-10 PT. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	39. SERV. COMP. DATE MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	40. LONG COMP. DATE MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	41. CAREER CATEGORY CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	42. FEDERAL TAX DATA CODE 1-YES 2-NO <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	43. SOCIAL SECURITY NO. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
44. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	45. LEAVE CAT. CODE <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	46. FEDERAL TAX DATA CODE 1-YES 2-NO <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	47. HEALTH INSURANCE CODE 0-NONE 1-YES 2-NO <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	48. STATE TAX DATA CODE 1-YES 2-NO <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	49. SOCIAL SECURITY NO. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
45. POSITION CONTROL CERTIFICATION 7-27-66 WIL		46. OP APPROVAL <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		DATE APPROVED 27 JUL 66	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

21 July 1966

1. SERIAL NUMBER		2. NAME (Last-First-Middle)		3. EFFECTIVE DATE REQUESTED		4. CATEGORY OF EMPLOYMENT	
				MONTH DAY YEAR 28 ASAP 66		REGULAR	
5. FUNDS		6. V TO V		7. V TO CP		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
DDP/DOD		CP TO V		X CP TO CP		7129-0256	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
U.S. FIELD							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
CHIEF OF BASE GS-00 (15)				0150		D	
14. CLASSIFICATION SCHEDULE (G.S. P.B. No.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136.08		16 5		22,005 2 2 76.5	
18. REMARKS							
<p>Replacement [] - to be reassigned.</p> <p>Subject is being assigned to this position in accordance with HR 20-21c (2) for two years.</p> <p>From: DDP/WE [] position No. 0399</p> <p style="text-align: right;">Security Approval: Forwarded by Pers. SD/PS 8/3/66 Ct 8/10/66</p>							
19A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
[]		21 July 66		[]		8-8-66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRITY CODE	24. DODS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
57	10	NUMERIC ALPHABETIC 43620 262	75017		2		
28. ATE EXP. RES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	23. SECURITY PEO NO.		
					EOD DATA		
35. VET PREFERENCE	36. SERV COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI/HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA			
CODE		CODE	CODE	CODE			
0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 2 YEARS) 3-BREAK IN SERVICE (MORE THAN 2 YEARS)							
45. POSITION CONTROL CERTIFICATION		46. O.P. APPROVAL		DATE APPROVED			
From WE		8/4/66		9 Aug 66			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

23 March 1966

19 March 1911

U. S. State Dept.
Foreign Service
American Consulate
Guadalupe, Mexico
26 Jan. 1931 To Aug. 1944

PERSONNEL

SECRET

29 MAR 65

MEMORANDUM FOR: Director of Personnel
THRU : DDP/OP
SUBJECT : PCS Return Prior to Completion of Tour
of Duty - [REDACTED]
REFERENCE : CSN-20-59, dated 17 November 1965

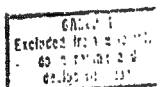
1. This memorandum contains in paragraph 2 a recommendation for the approval of the Director of Personnel.

2. [REDACTED] as the Chief of Station on 21 September 1961. After home leave, he returned [REDACTED] on 7 August 1964, for a second tour of duty which would normally be completed on 6 August 1966. We have been advised that upon completion of his current assignment, [REDACTED] as Chief

Since the officer now filling that position is required to leave in early September for another assignment, it is very desirable that [REDACTED] about 6 September. Therefore, it is requested that [REDACTED] on or about 1 July 1966. This will permit him to take some home leave and arrive at his new post in sufficient time to settle his family, which includes two school age children, and report for his projected assignment on schedule.

[REDACTED]
Acting Chief
Western Europe Division

SECRET



AID/PERS
(over)

SECRET

2

SUBJECT: PCS Return Prior to Completion of Tour of Duty -

CONCUR:

See Concurrence on Page 1

DDP/OP

22 April 1966

Date

The recommendation in paragraph 2 is APPROVED:

[Redacted Signature]

Director of Personnel

26 APR 66

Date

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

F 57

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER				2. NAME (Last-First-Middle)	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 16 66	
5. CATEGORY OF SUPPLEMENT REGULAR				6. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-543 Sect. 203	
7. CCA CENTER NO. CHARGE ABLE		8. CCA CENTER NO. CHARGE 6136-1347		9. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-543 Sect. 203	
10. ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD OFFICE OF THE CHIEF CHIEF OF STATION				11. LOCATION OF OFFICIAL STATION	
12. POSITION TITLE CHIEF OF STATION		13. POSITION NUMBER 0399		14. CAREER SERVICE DESIGNATION 2	
15. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		16. OCCUPATIONAL SERIES 0136.05		17. GRADE AND STEP 02 4 16 5	
18. SALARY OR RATE 20,980 \$22,331		19. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.			
20. SIGNATURE OF REQUESTING OFFICIAL		21. DATE SIGNED 5 JAN 1966		22. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
23. DATE SIGNED		24. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
25. ACTION CODE	26. EMPLOY CODE	27. OFFICE CODING NUMERIC ALPHABETIC	28. STATION CODE	29. INTEGRAL CODE	30. DATE OF BIRTH
25	10	50000 WE	6703		03 20 62
31. DATE EXPIRES	32. SPECIAL REFERENCE	33. RETIREMENT DATA 1-CR 2-FER 3-ROSE	34. SEPARATION DATA CODE	35. CANCELLATION DATA TIME MO. DA. YR.	36. SECURITY REQ. NO.
		2			
37. VET PREFERENCE	38. SERV. COMP. DATE	39. LONG COMP. DATE	40. CAREER CATEGORY	41. FEELS/HEALTH INSURANCE	42. SOCIAL SECURITY NO.
0-None 1-S, PI 2-10 PI	MO. DA. YR.	MO. DA. YR.	CODE	CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA	44. LEAVE CAT. CODE	45. FEDERAL TAX DATA	46. STATE TAX DATA	47. FORM EXECUTED	48. NO TAX EXEMPTIONS
0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		1-YES 2-NO	1-YES 2-NO	1-YES 2-NO	1-YES 2-NO
49. POSITION CONTROL CERTIFICATION	50. DATE APPROVED	51. DATE APPROVED			
01-07706 N		5 Jan 66			

FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

Chief of Station [redacted]

1

Director of Personnel [redacted]

[redacted] Notification of Designation as a Participant
in the Organization Retirement and Disability System.

Action: As indicated

RAF: [redacted]

Reference dispatch informed you that the Director of Personnel has determined that you met the criteria specified in the applicable regulation for designation as a participant in the Organization Retirement and Disability System. On the basis of this determination and your recently executed election to remain in the System, your designation as a participant was made effective 16 January 1966.

[redacted] 21 JAN 66

87 JAN 50

[redacted] 21 Jan 66

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED:

16 August 1961

1. SPECIAL CLERK 2. NAME (Last-First-Middle)

REASSIGNMENT

4. EFFECTIVE DATE REQUESTED:
MONTH DAY YEAR
08 20 61

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO CP

CP TO V

X

CP TO CP

7. COST CENTER NO. CHARGE-ABLE

2136-6400-1017

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDP WE

OFFICE OF THE CHIEF

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

CHIEF OF STATION

D

12. POSITION NUMBER

03-399

12a. PCR CONTROL NO.

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (OF, LD, SEC.)

FSR

GS

00

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

03 16 01

17. SALARY OR RATE

13,600

15,255

18. REMARKS

DDP/WH/Dov Comp/Havana Cuba

COPY SENT TO SECURITY

I certify funds available:

GR 2 Ref. No. **McR 2-007**

Charge Ref. No. **436-040-1012**

Auth. Officer

*Sancti... 8/21/61
7/17 9/7/61*

Coordinated with

19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER

OFFICER

USE OF THE OFFICER

1. ACTION CODE 37	2. EMP CODE 10	3. OFFICE CODE 62660	4. NAME WE	5. STATION CODE 67033	6. DATE OF ACTION 3	7. DATE OF ACTION 03/19/61	8. DATE OF ACTION 03/19/61
9. DATE OF ACTION 03/19/61	10. DATE OF ACTION 03/19/61	11. DATE OF ACTION 03/19/61	12. DATE OF ACTION 03/19/61	13. DATE OF ACTION 03/19/61	14. DATE OF ACTION 03/19/61	15. DATE OF ACTION 03/19/61	16. DATE OF ACTION 03/19/61
17. DATE OF ACTION 03/19/61	18. DATE OF ACTION 03/19/61	19. DATE OF ACTION 03/19/61	20. DATE OF ACTION 03/19/61	21. DATE OF ACTION 03/19/61	22. DATE OF ACTION 03/19/61	23. DATE OF ACTION 03/19/61	24. DATE OF ACTION 03/19/61
25. DATE OF ACTION 03/19/61	26. DATE OF ACTION 03/19/61	27. DATE OF ACTION 03/19/61	28. DATE OF ACTION 03/19/61	29. DATE OF ACTION 03/19/61	30. DATE OF ACTION 03/19/61	31. DATE OF ACTION 03/19/61	32. DATE OF ACTION 03/19/61
33. DATE OF ACTION 03/19/61	34. DATE OF ACTION 03/19/61	35. DATE OF ACTION 03/19/61	36. DATE OF ACTION 03/19/61	37. DATE OF ACTION 03/19/61	38. DATE OF ACTION 03/19/61	39. DATE OF ACTION 03/19/61	40. DATE OF ACTION 03/19/61
41. DATE OF ACTION 03/19/61	42. DATE OF ACTION 03/19/61	43. DATE OF ACTION 03/19/61	44. DATE OF ACTION 03/19/61	45. DATE OF ACTION 03/19/61	46. DATE OF ACTION 03/19/61	47. DATE OF ACTION 03/19/61	48. DATE OF ACTION 03/19/61
49. DATE OF ACTION 03/19/61	50. DATE OF ACTION 03/19/61	51. DATE OF ACTION 03/19/61	52. DATE OF ACTION 03/19/61	53. DATE OF ACTION 03/19/61	54. DATE OF ACTION 03/19/61	55. DATE OF ACTION 03/19/61	56. DATE OF ACTION 03/19/61
57. DATE OF ACTION 03/19/61	58. DATE OF ACTION 03/19/61	59. DATE OF ACTION 03/19/61	60. DATE OF ACTION 03/19/61	61. DATE OF ACTION 03/19/61	62. DATE OF ACTION 03/19/61	63. DATE OF ACTION 03/19/61	64. DATE OF ACTION 03/19/61
65. DATE OF ACTION 03/19/61	66. DATE OF ACTION 03/19/61	67. DATE OF ACTION 03/19/61	68. DATE OF ACTION 03/19/61	69. DATE OF ACTION 03/19/61	70. DATE OF ACTION 03/19/61	71. DATE OF ACTION 03/19/61	72. DATE OF ACTION 03/19/61
73. DATE OF ACTION 03/19/61	74. DATE OF ACTION 03/19/61	75. DATE OF ACTION 03/19/61	76. DATE OF ACTION 03/19/61	77. DATE OF ACTION 03/19/61	78. DATE OF ACTION 03/19/61	79. DATE OF ACTION 03/19/61	80. DATE OF ACTION 03/19/61
81. DATE OF ACTION 03/19/61	82. DATE OF ACTION 03/19/61	83. DATE OF ACTION 03/19/61	84. DATE OF ACTION 03/19/61	85. DATE OF ACTION 03/19/61	86. DATE OF ACTION 03/19/61	87. DATE OF ACTION 03/19/61	88. DATE OF ACTION 03/19/61
89. DATE OF ACTION 03/19/61	90. DATE OF ACTION 03/19/61	91. DATE OF ACTION 03/19/61	92. DATE OF ACTION 03/19/61	93. DATE OF ACTION 03/19/61	94. DATE OF ACTION 03/19/61	95. DATE OF ACTION 03/19/61	96. DATE OF ACTION 03/19/61
97. DATE OF ACTION 03/19/61	98. DATE OF ACTION 03/19/61	99. DATE OF ACTION 03/19/61	100. DATE OF ACTION 03/19/61	101. DATE OF ACTION 03/19/61	102. DATE OF ACTION 03/19/61	103. DATE OF ACTION 03/19/61	104. DATE OF ACTION 03/19/61
105. DATE OF ACTION 03/19/61	106. DATE OF ACTION 03/19/61	107. DATE OF ACTION 03/19/61	108. DATE OF ACTION 03/19/61	109. DATE OF ACTION 03/19/61	110. DATE OF ACTION 03/19/61	111. DATE OF ACTION 03/19/61	112. DATE OF ACTION 03/19/61
113. DATE OF ACTION 03/19/61	114. DATE OF ACTION 03/19/61	115. DATE OF ACTION 03/19/61	116. DATE OF ACTION 03/19/61	117. DATE OF ACTION 03/19/61	118. DATE OF ACTION 03/19/61	119. DATE OF ACTION 03/19/61	120. DATE OF ACTION 03/19/61

REOD DATA

33. POSITION CONTROL CERTIFICATION

46. C.P.

5 Sep 61

SECRET

(4)

SECRET

(Form Mailed In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				24 July 1961	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			MONTH DAY YEAR 07 23 61		REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> X <input type="checkbox"/> CF TO CF		2135-1990-1000			
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
CS/CS DEVELOPMENT COMPLEMENT DDP/WH DIVISION					
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
CHIEF OF STATION			9997		D
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
FSR CS		0136-01		3 16 1	
17. SALARY OR RATE 13600 15255					
18. REMARKS					
(FROM: DDP/WH/Branch 4/PAP-114/ [redacted] Long 9 1 copy to Security Office. *Returnee Casual - pending approval of his appointment as Chief of Station [redacted] SPID covering 10/7/61/61 2606-10/7/61/61 LK					
19. SIGNATURE OF REQUESTING OFFICER			20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		
[redacted] DER			[redacted]		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION NO. EMPLOY. CODE		22. OFFICE LUDING		23. DATE OF ACTION	
357 14		14977 14977		5	
24. DATE/REFERENCE		25. SPECIAL REFERENCE		26. DATE OF ACTION	
10. 04. 61		1 - CDC 2 - FIC 3 - MOUT		10. 04. 61	
27. VET. PREFERENCE		28. SEPT. COMP. DATE		29. LEAD. COMP. DATE	
CODE 1 - NONE 2 - 5 PT. 3 - 10 PT.		10. 04. 61		10. 04. 61	
30. PREVIOUS GOVERNMENT SERVICE DATA		31. LEAF CAT. CODE		32. FEDERAL TAX DATA	
CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)		10. 04. 61		10. 04. 61	
33. POSITION CONTROL CERTIFICATION		34. O.P. APPROVAL		35. SOCIAL SECURITY NO.	
[redacted]		[redacted]		[redacted]	

SECRET

1-3683

16 June 1961

61-59241

MEMORANDUM FOR: Director of Central Intelligence

VIA : Deputy Director (Plans)

SUBJECT : Appointment of [redacted]
Chief of Station, [redacted]

1. The appointment of [redacted] as Chief of Station, [redacted] effective on or about 15 September 1961, is recommended.

2. [redacted] has been an employee of the Agency since 18 September 1947, and is presently assigned to WH Division. A biographic data sheet, including information regarding his Agency experience and training, is attached.

3. In view of the fact that [redacted] is not available for interview because he is on home leave the usual interview endorsement is not made a part of this memorandum.

[redacted]
ERIC W. TIMM
Chief

Western Europe Division

1 Attachment
Biographic Information

APPROVAL RECOMMENDED:

Richard W. Russell Jr.
Deputy Director (Plans)

DOU
11 JUL 1961
(Date)

The recommendation in paragraph 1 is approved:

Allen Dulles
Director of Central Intelligence

11 AUG 1961
(Date)

SECRET

SECRET

16 June 1961

Name:
Grade:
Service Designation:

[REDACTED]
GS-16
D

Date and Place of
Birth:

[REDACTED]
New York, New York

Marital Status:

Married

Wife:

Son :

Son :

Education and Career
Outside the Agency:

1926 - 1929
1931 - 1944

San Diego Senior High School
Department of State
Ensenada, Mexico; Vice Consul
Mazatlan, Mexico; Vice Consul
Guadalajara, Mexico; Vice Consul
OSS/SSU/CIG

1944 - 1947

[REDACTED] Chief of Station

Languages:

Spanish; Good

Military Duty:

None

CIA Experience:

Sep 1947
Mar 1949
Aug 1949
Aug 1951
Sep 1952
Aug 1954
Jan 1956
Jun - Jul 1956
Jun 1957
Apr 1958
Apr 1961



SECRET

SECRET

- 2 -

15 June 1961

Name: 

CIA Training:

1947

1947

1947

1949

1949

1949

1949

1949

1949

1952

1952

1958

1958



SECRET

SECRET
(When Filled In)

V to V		V to UV		REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
UV to V		UV to UV						Mo	Da	Yr	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Vol. Ref.		5. Sex	
						Mo Da Yr		None-0 5 Pt-1 10 Pt-2		O M	
7. SCD		8. CSC Retire		9. CSC Or Other Legal Authority		10. Acmt. Affidav.		11. FEGLI		12. LCD	
Mo Da Yr		Yes - 1 No - 2				Mo Da Yr		Yes - 1 No - 2		Mo Da Yr	
										13. Credit Lcd	
										Yes - 1 No - 2	

CURRENT ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/WH											
Branch III											
16. Dept. Field		Code		17. Position Title				18. Position No.		19. Serv. (FSS)	
DDP		5		CHIEF OF STATION				114		45 0136-01	
20. Occup. Series											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
15 4		\$ 13,670		DI		Mo Da Yr		Mo Da Yr		01 01 54 01 24 66	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
PROMOTION (TEMPORARY) *				Mo Da Yr		REGULAR					
				03 20 66							

PROPOSED ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
33. Dept. Field		Code		34. Position Title				35. Position No.		36. Serv.	
DDP		5									
37. Occup. Series											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
16 1		\$ 14,190		DI		Mo Da Yr		Mo Da Yr		0155-5450-3000	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)		Date Approved	
		Richard Helms			
B. For Additional Information Call (Name & Telephone Ext.)		Chief of Operations, DD/P			

CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board						D. Placement					
B. Pos. Control				3-10-66		E. Release					
C. Classification						F. Approved By				MAR 1966	

* Promotion to the grade indicated is temporary and for such duration as the Director will determine. Your permanent grade is the grade from which you are temporarily promoted.

☐ Continued on reverse side

SECRET

Classify Acco.
To Content

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vol. Prof.	5. Sex	6. CS - EOD
		Mo Da Yr	Name-0 Code 5 Pr-1 10 Pr-2	M	Mo Da Yr
7. SCD	8. CSC Retmt	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD
Mo Da Yr	Yes - 1 No - 2	Code	Mo Da Yr	Yes - 1 No - 2	Code

PREVIOUS ASSIGNMENT

UNVOUCHERED

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP/WH Branch II		Washington, D.C.	
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. - X Unfld. - Fragn. -	Area Ops Officer (Br-Ch)	SA-160	GS 0136.01
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
15-3	9925 12, 150	DI	Mo Da Yr
			25. PSI Due
			Mo Da Yr
			26. Appropriation Number
			B-3500-10-200

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
REASSIGNMENT	62	4/16/58	REGULAR	OM	

PRESENT ASSIGNMENT

UNVOUCHERED

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP/WH Branch III	465		17085
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. - X Unfld. - Fragn. -	CHIEF OF STATION	114	GS 65
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
15-3	9925	DI	Mo Da Yr
			42. PSI Due
			Mo Da Yr
			43. Appropriation Number
			E-3545-55-055
SOURCE OF REQUEST			
A. Request Approved By (Signature And Title)			
B. For Additional Information Call (Name & Telephone Ext.)			
X 8242			
CLEARANCES			
Clearance	Signature	Date	Clearance
A. Career Board		3/18/58	D. Placement
B. Pos. Control			E.
C. Classification			F. Approved By

Remarks

2 copies to Security.

Sec. Conc. by Pratt 3/24 - 3/26

FORM 1152a
5-57

SECRET

SECRET

DDP-3-10574

15-1694/1

12 February 1958

MEMORANDUM FOR: Director of Central Intelligence

VIA: Deputy Director (Plans)

SUBJECT: Appointment of [redacted] Chief of Station, [redacted]

1. The appointment of [redacted] as Chief of Station, [redacted] effective on or about 7 September 1958, is recommended [redacted] whose reassignment to another field station is under active consideration.

2. [redacted] has been an employee of the Agency since 15 August 1944, and is presently assigned as Chief of Branch II, WH Division, Headquarters, GS-15. A biographic data sheet, including information regarding his Agency experience and training, is attached.

[redacted]
J. C. KING
Chief
Western Hemisphere Division

1 Attachment
Biographic information

APPROVAL RECOMMENDED:

[redacted] has been interviewed by the Chief of Operations, and by myself, and we are satisfied that he is qualified for this assignment.

OPC
DDCI 1 MAR 1958

Frank S. Lewis 5 March 1958
Deputy Director (Plans) (Date)

The recommendation in paragraph 1 is APPROVED:

Chief of Operations 10 MAR 1958
Director of Central Intelligence (Date)

SECRET

[Redacted]

12 November 57

Branch Chief

DDP/MH/II

08-15

ooo

ooo

TDY Stand-by Status

Subject is qualified for one (3 weeks) TDY. (11/25/57)
Must be evaluated for each TDY.

NOV 25 1957

NOV 25 5 00 PM '57

DEPT OF DEFENSE

SECRET

S-E-C-R-E-T

This Notice Expires 1 July 1958

N 20-190-139

NOTICE
NO. 20-190-139

PERSONNEL
2 July 1957

ANNOUNCEMENT OF ASSIGNMENTS TO KEY POSITIONS

PANEL OF EXAMINERS OF THE CIA SELECTION BOARD

In accordance with paragraph 5b of Regulation No. 20-105, The Career Staff of the Central Intelligence Agency, the following persons are appointed, effective 1 July 1957, to serve as members of the Panel of Examiners for the period ending 30 June 1958:

<u>Name</u>	<u>Service Designation</u>	<u>Organizational Component</u>
-------------	--------------------------------	-------------------------------------

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S-E-C-R-E-T

S-E-C-R-E-T

N 20-190-139

NOTICE
NO. 20-190-139

PERSONNEL
2 July 1957

<u>Name</u>	<u>Service Designation</u>	<u>Organizational Component</u>
-------------	--------------------------------	-------------------------------------

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FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:

H. GATES LLOYD
Acting Deputy Director
(Support)

DISTRIBUTION: A, plus each member
of the Panel of Examiners

2

S-E-C-R-E-T

SECRET

STANDARD FORM 52
FORM 52-1
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540

UNVOUCHERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
[Redacted]		[Redacted]		17 May 57
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment			6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED:	
FROM: (AC EN) Area Ops Officer (AC) EA-40 GS-0136.01-15 \$11,880.00 p.a. (FSS-3 \$9635.00 p.a.) DDP/WH Branch I Washington, D. C.		9. POSITION TITLE AND NUMBER: B. SERVICE GRADE AND SALARY: C. ORGANIZATIONAL DESIGNATIONS: D. HEADQUARTERS: E. FIELD OR DEPARTMENTAL:	TO: (AC EN) 460 Area Ops Officer (AC) EA-51 GS-0136.01-15 \$11,230.00 p.a. (FSS-3 \$9635.00 p.a.) DDP/WH Branch II Washington, D. C.	
FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/> (D)		

10. REMARKS (Use reverse if necessary)
Memorandum forwarded to Management on 23 May 1957 requesting that position BA-51 be converted from Headquarters Vouchered to Headquarters Unvouchered.

11. REQUEST APPROVED BY		12. SIGNATURE	
[Redacted]		[Redacted]	
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE <input checked="" type="checkbox"/> WHM <input type="checkbox"/> OTHER <input type="checkbox"/> SPT <input type="checkbox"/> 15. POINT DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A <input type="checkbox"/> REAL <input type="checkbox"/> 30-DI	
15. DEK H		16. APPROPRIATION	
FROM: 7-3500-10-200		TO: Same	
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	
Yes		19. LEGAL RESIDENCE	
		CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/> STATE	

20. STANDARD FORM 50 REMARKS

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	[Redacted]	12 JUN 1957	approved by [Redacted] on 27 June 1957 [Redacted] 11 June 1957
B. CEIL. OR POS. CONTROL	[Redacted]	14 June	
C. CLASSIFICATION	[Redacted]	14 June	
D. PLACEMENT OR EMP'L	[Redacted]	14 June	
E.	[Redacted]	[Redacted]	
F. APPRO			

SECRET

STANDARD FORM 52 PREPARED BY THE U. S. ARMY OFFICE OF PERSONNEL ADMINISTRATION WASHINGTON, D. C. 20315				REQUEST FOR PERSONNEL ACTION				UNVOUCHERED			
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.											
1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)						2. DATE OF BIRTH		3. REQUEST NO.		4. DATE OF REQUEST	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment						6. EFFECTIVE DATE A. PROPOSED:		7. C. S. OR OTHER LEGAL AUTHORITY		14 Dec 55	
8. POSITION (Specify whether establish, change grade or title, etc.)											
FROM - Area Ops Officer (S.C.), BAF-93 GS-0136.01-15 \$11610.00 p.a. (FSS-3 \$8481.00 p.a.) DDP/WH				9. POSITION TITLE AND NUMBER		TO - Area Ops Officer (B. C.) BA-40 GS-0136.01-15 \$11610.00 p.a. (FSS-3 \$8481.00 p.a.) DDP/WH Branch I - NWC Washington, D. C.		10. SERVICE, GRADE, AND SALARY		11. ORGANIZATIONAL DESIGNATIONS	
12. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>				12. HEADQUARTERS		12. FIELD OR DEPARTMENTAL		12. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		15 (FP)	
A. REMARKS (Use reverse if necessary)											
A memorandum has been forwarded to the Management Staff requesting that this position be converted from vouchered to unvouchered.											
B. SIGNATURE				C. FOR A				D. SIGNATURE			
13. VETERAN				14. POSITION CLASSIFICATION ACTION				Approved By GS Career <i>[Signature]</i> SD-DI			
15. RACE				16. AFFILIATION				17. DATE OF APPOINTMENT AFFILIATION (ACCESSIONS ONLY)			
M. H				FROM: 6-3588-55-066				TO: 6-3588-20 6-3588-10-200			
18. SUBJECT TO C. S. REINSTATEMENT ACT (YES-NO)				19. DATE OF APPOINTMENT AFFILIATION (ACCESSIONS ONLY)				20. LEGAL RESIDENCE			
Yes								CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>			
21. STANDARD FORM 50 REMARKS											
<i>Case by Elise 20 Dec 55</i> <i>LR 1/24/56</i>											
22. CLEARANCES				INITIAL OR SIGNATURE				DATE			
A.											
B. CIL. OR POG CONTROL								23 JAN 1956			
C. CLASSIFICATION											
D. PLACEMENT OR EMPL.				1.0-51				14 JAN 1956			
E.											
F.								19 Jan 1956			

SECRET

26 May 1954

MEMORANDUM FOR: PERSONNEL OFFICER, FI

SUBJECT: [REDACTED] -
Recommendation for Promotion

1. [REDACTED]
is married and has two children. He graduated from San Diego Senior High School and entered the United States Foreign Service, where he served as consular officer in Mexico and Spain, from 1931 to 1944. He entered on duty with CIA, at CAF-11, on 15 August 1944. He served in [REDACTED] and was promoted to CAF-12 in 1946. He subsequently served at [REDACTED] as Chief of Station, and in March 1947, was promoted to GS-13. He was assigned to [REDACTED] as Chief of Station, and in August of 1951 was promoted to GS-14. Subject is presently Chief of Station at [REDACTED]

2. [REDACTED] has been rated Excellent to Outstanding as Chief of Station. His last efficiency report in June 1953 reflected a lower rating due to a difficult personnel situation and hospitalization. However, this situation has been resolved, and it is felt that [REDACTED] has earned his promotion to GS-15.

3. Your approval is requested.

J. Caldwell King
J. Caldwell King
Chief, WH

SECRET

SECRET

21 January 1954

MEMORANDUM FOR: CWH

SUBJECT : Reference to [] by William I. Clark,
Assistant Director U.S.I.A. for Latin America.

During the briefing of CIA personnel conducted by William I. Clark, Assistant Director of U.S.I.A. for Latin America, on 14 January 1954, he was referred to the excellent cooperation between our Chief of Mission [] and the P.A.O., which he characterized as exemplary and a model for all other stations.

CPP/WH

Distribution:

Original and 1: Addressee

BRANCH
FEB 1 3 21 PM '54
PERSONNEL

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

12951

NAME		DATE
NATURE OF ACTION		EFFECTIVE DATE 12 March 1952
Reassignment FROM		27 April 1952
TITLE	Intell Off	Intell Off
GRADE AND SALARY	Chief of Station, GS-11	Chief of Station, GS-11
OFFICE	GS-11, \$9600.00 per annum	GS-11, \$9600.00 per annum
DIVISION	090	
BRANCH	INT	INT
OFFICIAL STATION	PC	Branch I
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
RIM 6499 4-24-52 CLASSIFICATION	PERSONNEL OFFICE	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
(SIGNATURE OF AUTHENTICATING OFFICER)		
REMARKS: #1.		
12 March 1952		

DATE MAR 20 1952
 CORCOR FOR THE CHIEF OF PERSONNEL SECURITY BRANCH
 CHIEF, PERSONNEL SECURITY BRANCH

SECRET

mr+cfd

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME		DATE
[Redacted]		16 July 1951
NATURALIZATION		19 July 1951
FROM		
TITLE	Chief of Station, CS-13	(Intelligence Officer) Chief of Station, CS-11
GRADE AND SALARY	GS-13, \$10,000 per annum	GS-11, \$8,000 per annum
OFFICE	OSD	OSD
DIVISION	INT	INT
BRANCH	EC	EC
OFFICIAL STATION		
APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
SIGNATURE OF AUTHENTICATING OFFICER		
REMARKS: Slot # 57.		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 16 July 1951 144 </div>		

SECRET

FROM: [REDACTED] ROUTINE
TO: SPECIAL OPERATIONS 22 DEC 49
ACTION: FDT (1-2) IN 12169
INFORMATION: ADSO (3-4), SED (5), CFD (6), COMMO (7-8), IID (9)

[REDACTED]
TO: WASHF CITE: [REDACTED]
RE: WASH 4980 (OUT 95043)


[REDACTED] 22 DECEMBER. [REDACTED] IN CHARGE.

SECRET

TOR: 1922Z 22 DEC 49

Copy No. 5

5. To be able to plan my travel and leave, it is important that I know the approximate duration of TDY.
6. Would it be possible to postpone the date of my arrival at my new post until 15 June? This would be a great convenience to me, and I would appreciate any consideration which Headquarters may be able to give to this request.


Chief of Station

16 February 1948.

close relation to the job he is doing. Since this job is directly concerned with national security and the national interest, and has been consistently well done, I believe that [REDACTED] can be said with sincerity to be an employee of unquestionable loyalty and integrity.

5. The same beliefs of the writer pertain to [REDACTED] wife, whom I have met on many occasions and found to share his attitudes and feelings completely. She, too, is strongly interested in the work [REDACTED] is engaged in and has few, if any, outside interests. Their home life is happy and wholesome and their social activities appear strictly restricted to the business of the day.
6. In this respect, I believe that both [REDACTED] and his wife are, by training and personality, security-conscious people who are quite happy to devote themselves to the success of the career in intelligence which [REDACTED] has selected.

RECEIVED

RECEIVED 15 JS 48

RECEIVED

RECEIVED

Office Memorandum • UNITED STATES GOVERNMENT ①

TO : X-2
FROM : OSS Draft Deferment Committee
SUBJECT:

DATE: 21 August 1945

The local Board has notified us as follows:

Class 2-A Eff. Aug. 1, 1945 until Indefinitely

*File***Office Memorandum • UNITED STATES GOVERNMENT**

TO : Mr. William Sherwood

DATE: 17 October 1944

FROM : M. L. Brockdorff

SUBJECT: *(1)*

This office is in receipt of advice from Local Board, dated 12 October 1944, that he has been classified II-A until 9 April 1945. The Local Board also stated that their records show that the registrant was never ordered for a pre-induction physical examination by that Board.

M. L. B.

M. L. Brockdorff
Administrative Assistant

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

SECRET

H a n d l e W i t h C a r e



CHIEF OF MISSION'S EVALUATION OF PERFORMANCE

(Mission submits original and one copy directly to appropriate agency; retains one copy.)

OFFICER BEING RATED Chief, CAS [redacted]		POST [redacted]	
POSITION Chief, Liaison Section		GRADE FSR-2	AGENCY CAS
RATING PERIOD 9/4/64 to 10/31/65		DATE OF REPORT December 15, 1965	
SIGNATURE OF REPORTING OFFICER Angela Biddle Duke		TITLE Ambassador	
SIGNATURE OF REVIEWING OFFICER		TITLE	

EVALUATION OF PERFORMANCE

☒ Outstanding ☐ Satisfactory ☐ Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? ☒ Yes ☐ No (If no, explain in detail below.)

Has he seen this report? ☐ Yes ☒ No

NARRATIVE COMMENTS

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

Chief, CAS is one of the ablest members of my Country Team. He has a profound knowledge and understanding of the complex [redacted] political scene, and scores of valuable contacts. I have a healthy respect for his judgment, and frequently seek his advice and counsel.

He manages his staff effectively and enjoys their respect and confidence. Popular and well liked by his colleagues in the Embassy [redacted] Chief, CAS is an excellent representative of our Government.

Chief, CAS is prudent and discreet, and I have complete confidence in him. He is a man of few words but when he expresses himself, he does so in a meaningful way.

III. A gifted analyst with an incredibly deep grasp of the complicated [redacted] mentality, Chief, CAS' assessment and opinions are highly valued by me and the members of my Country Team.

Chief, CAS and his associates have been most cooperative at all times, and have provided me with excellent support. I regard their operation superior in every respect which is a compliment to Chief, CAS' skillful leadership and direction.

Chief, CAS' wife is an attractive American lady who is an asset to her husband. She takes an active part in community affairs.

THIS DOCUMENT CONSISTS OF ONE PAGE. COPY NUMBER 1 OF TWO COPIES, SERIES A.

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-236 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
		43	500	CF	GS 16 6	324,477 326,640

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		DATE 22 July 1966
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) DOD	
ATTN:	Personnel	FILE NO. 233
REF:	Verbal Request	ID CARD NO.
OFFICIAL COVER BACKSTOP ESTABLISHED For, Evaluation Office		EMPLOYEE NO.
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/> Block Records: (FORMS 20-800-11) a. Temporarily for _____ days, effective _____ b. Continuing, effective _____ EOD _____		
<input checked="" type="checkbox"/> Submit Form 642 to change limitation category. (RHB 20-2)		
<input checked="" type="checkbox"/> Ascertain that Army W-2 being issued. (HB 20-882-1)		
<input checked="" type="checkbox"/> Submit Form 1322 _____ large affecting this cover. (R 240-250)		
<input checked="" type="checkbox"/> Submit Form 1323 _____ for transfer of cover responsibility. (R 240-252)		
<input type="checkbox"/> Remarks:		
<input checked="" type="checkbox"/> Cover History		
<div style="border: 1px solid black; width: 200px; height: 80px; margin: 0 auto;"></div> <div style="margin-top: 10px;"> </div>		
CD/nz		CHIEF, OFFICIAL COVER CCS
DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-OL/TELSVC, Copy 5-PSD/OS, Copy 6-OCs/OPS, Copy 7-File		

FORM 11-65 1551 USE PREVIOUS EDITIONS

SECRET

(13-20-43)

PLW: 15 AUG 68

SECRET
(When Filled In)

DEF		NOTIFICATION OF PERSONNEL ACTION	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION RESIGNATION			
4. EFFECTIVE DATE 08/03/68		5. CATEGORY OF EMPLOYMENT REGULAR	
6. Financial Analysis No. Chargeable 5129 0256 0000		7. CSC OR OTHER LEGAL AUTHORITY	
8. ORGANIZATIONAL DESIGNATIONS DDP US FIELD		9. LOCATION OF OFFICIAL STATION	
10. POSITION NUMBER		11. SERVICE DESIGNATION	

1. LAST NAME		FIRST NAME		INITIALS		2. APPOINTMENT DATA Entered on day P/T P/T Subject to Sec. 203(d) 1931 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Consent to be subject to Sec. 203(d) on Annual Leave Bal.		3. TOTAL SERVICE FOR LEAVE Yrs of date of separation Years Months Days <input type="checkbox"/> More than 15 years	
4. DATE AND NATURE OF SEPARATION Retirement: 3/31/71 8-3-66									
SUMMARY OF ANNUAL AND SICK LEAVE						SUMMARY OF HOME LEAVE			
(HOURS)						(DAYS)			
5. Balance from prior leave year ended 1/9/71						14. Date arrival abroad for HS purposes			
480 1901						15. Current balance as of 19 None			
6. Current leave year accrual through 3/20/71						16. 12-month accrual rate			
40 20						17. Dates leave used, prior 24 months			
Total 520 1921						18. Monthly accrual date			
7. Balance at end of current year						19. Calendar days credit for next accrual date			
40 0						20. Date home service period completed			
8. Total leave balance						MILITARY LEAVE			
480 1921						21. Dates during current calendar yr			
9. Total leave balance						22. Dates during preceding calendar yr			
480 1921						ABSENCE WITHOUT PAY			
10. Balance						AWOL or AWOL or Purloined Suspension (Hours)			
480 1921						0 0			
11. Total leave balance						0 0			
12. Salary amount 833,757.00						23. During leave year in which separated			
13. Lump sum leave balance						24. During leave year in which separated			
From 4/1/71 to 6/24/71 (Hours)						penda which began on 10/5/69			
480 1921						25. During 12-month HS accrual period (dates)			
14. Signature: Auth. Cert. Officer						15. Signature			
16. Date						17. Date			
18. Telephone						19. Telephone			

Standard Form 3150
November 1965
5010-108

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 296-31 AND 900-2

1150
100-108

Use Previous
Edition

SECRET

FVD

1150
100-108
When Filled In

JLB: 14 MAY 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION REMOVAL FROM CIA RETIREMENT AND DISABILITY SYSTEM-VOLUNTARY		4. EFFECTIVE DATE MO DA YR 05 05 68	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FINANCIAL ANALYSIS NO. CHARGEABLE	
7. FUNDS V TO V CF TO V X CF TO CF		8. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE		12. POSITION NUMBER	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (SEE 18.10.1)	
15. OCCUPATIONAL SERIES		16. GRADE AND STEP 16	
17. SALARY OR RATE		18. REMARKS	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRATE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NFE EXPRESS MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CODE 2. CL 3. IF 4. IF	31. SEPARATION DATA CODE	32. CORRECTION/CONVERSION DATA TYPE MO DA YR	33. SECURITY REG. NO.		34. SEX	
35. VET. PREFERENCE CODE 0 NONE 1 5 YR 2 10 YR	36. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY LAW SERV. CODE PROV. TEAM	39. REG. HEALTH INSURANCE CODE 0 HANDED 1 YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO PREVIOUS SERVICE 2 SERVED IN SERVICE (SEE INSTRUCTIONS) 3 SERVED IN SERVICE (SEE INSTRUCTIONS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO	44. STATE TAX DATA FORM EXECUTED 1 YES 2 NO	45. STATE CODE				

SIGNATURE OR OTHER AUTHENTICATION

POSTED

R.J.

5-14-68

FORM 5-66 1150
May 19-67

Use Previous Edition

SECRET

PLW

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-204
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1962

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
		43	500	CF	GS 16 5	\$22,755 \$23,778

SECRET
(When Filled In)

MAH: 25 OCT 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 2. NAME (LAST-FIRST-MIDDLE)

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. EFFECTIVE DATE

MO. DA. YR.

10 108 67

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

Y TO Y

Y TO CF

CF TO Y

X CF TO CF

7. Financial Analysis No. Chargeable

8129 0256 0000

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS

DDP/DOD
U.S. FIELD

10. LOCATION OF OFFICIAL STATION

CHIEF OF BASE

0150

D

14. CLASSIFICATION SCHEDULE (GS, GS, GS)

15. OCCUPATIONAL SERIES

16. GRADE AND STEP

17. SALARY OR RATE

GS

0136.08

16 6

28425

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGREE CODE	24. NG/IN CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	1A	NUMERIC ALPHABETIC	43500	75007	2	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.
28. NTR. EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEA		
MO. DA. YR.	1. CSC 2. CIA 3. FICA 4. NONE	CODE	TYPE	MO. DA. YR.	EOD DATA			
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE	0. NONE 1. 5 YR. 2. 10 YR.	NO. DA. YR.	NO. DA. YR.	CODE	0. WAIVER 1. YES	HEALTH INS. CODE		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE		CODE	CODE		CODE			
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED 1. YES 2. NO	NO. TAX EXEMPTIONS		FORM EXECUTED 1. YES 2. NO			

SIGNATURE OR OTHER AUTHENTICATION

POSTED

10-25-67

FORM 1150

Use Previous Edition

SECRET

FVD

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

D-25

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
				43 620		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 16	9	\$22,755	10/10/65	GS 16	6	\$23,425	10/08/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				11 Aug 67					
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				NOTED BY					
E. J. JONES									
FORM 560-E Use previous editions PAY CHANGE NOTIFICATION (4-51)									

MAY 1967

RS

SECRET
(When Filled In)

REF: 30-103-16

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 2. NAME (LAST-FIRST MIDDLE)

REASSIGNMENT - CORRECTION

4. EFFECTIVE DATE
MO. DA. YR.
08 14 66

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO CP

CP TO V

X

CP TO CP

7. Financial Analysis No. Chargeable
7129 0256 0000

8. CSC OR OTHER LEGAL AUTHORITY

9. ORGANIZATIONAL DESIGNATIONS

DDP/DOO
US FIELD

10. LOCATION OF OFFICIAL STATION

OFFICE OF THE CHIEF

11. POSITION TITLE

CHIEF OF BASE

12. POSITION NUMBER

0150

13. SERVICE DESIGNATION

D

14. CLASSIFICATION/SCHEDULE (VS, LS, etc.)

GS

15. OCCUPATIONAL SERIES

0135.08

16. GRADE AND STEP

16 5

17. SALARY OR RATE

22755

18. REMARKS

THIS ACTION CORRECTS FORM 1150 TO CHANGE EFFECTIVE DATE WHICH READ
08/10/55 TO READ 08/14/56.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGRAL CODE		24. HOURS		25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.	
28. NIE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA A. CSC B. CIA C. FICA D. TOWN		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ NO.		34. SEX					
35. VET. PREFERENCE CODE 0 - NONE 1 - 10% 2 - 15%		36. SERV. COMP. DATE MO. DA. YR.		37. LONG COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR. SERV. TEMP. CODE 1 - YES 2 - NO		39. FECL/HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.							
41. PREVIOUS EMPLOYER GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO PREVIOUS SERVICE 2 - PREVIOUS SERVICE (LESS THAN 3 YRS) 3 - PREVIOUS SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 00. TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE 00. TAX EXEMPTIONS 1 - YES 2 - NO		45. STATE CODE							

SIGNATURE OR OTHER AUTHENTICATION

POSTED

11-30-66 AS

FORM 1150
5-66

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(4-51)

(When Filled In)

RZF 1 2 AUG 66

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 2. NAME (LAST-FIRST-MIDDLE)

3. NATURE OF PERSONNEL ACTION

CONVERSION FROM STATUS

4. EFFECTIVE DATE

COB
08 13 66

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO CF

CF TO V

X

CF TO CF

7. COST CENTER NO. CHARGEABLE

7136 1347 0000

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS

DOP/VE
FOREIGN FIELD

10. LOCATION OF OFFICIAL STATION

OFFICE OF THE CHIEF

11. POSITION TITLES

CHIEF OF STATION

12. POSITION NUMBER

0399

13. SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.05

16. GRADE AND STEP

16 5

17. SALARY OR RATE

22755

18. REMARKS

MADRID, SPAIN

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 56	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 50660	22. STATION CODE WE	23. INTERSEE CODE 67033	24. MAGNIT CODE 3	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY REQ. NO.	34. SER		
35. VET. PREFERENCE	36. SERV. COMP DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO					

SIGNATURE OR OTHER AUTHENTICATION

0803 667

FORM 11-62 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

PJH: 10 AUG 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				08 10 66		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
V TO V		7129 0256 0000		50 USC 403 J					
CF TO V		X		CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/DOD U.S. FIELD									
OFFICE OF THE CHIEF									
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
CHIEF OF BASE				0150		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY WD/BATE			
GS		0136.08		16 5		22755			
10. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	43620 DDD		75007		2			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
MO. DA. YR.				CODE		EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE	38. CARRER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.
CODE		MO. DA. YR.		MO. DA. YR.	CODE		CODE		
0 - NONE					CAP. SEC.		0 - WAIVER		
1 - 5 YR.					PROV. TEMP.		1 - YES		
2 - 10 YR.							HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE				CODE		CODE		CODE	
0 - NO PREVIOUS SERVICE				1 - YES		FORM EXECUTED		FORM EXECUTED	
1 - NO BREAK IN SERVICE				2 - NO		1 - YES		1 - YES	
2 - BREAK IN SERVICE (LESS THAN 3 YRS)						2 - NO		2 - NO	
3 - BREAK IN SERVICE (MORE THAN 3 YRS)									
SIGNATURE OR OTHER AUTHENTICATION									
FROM: WE									
[Signature]									

FORM 11-62 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504,
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
		50	660	CF	GS 16 5	\$22,331 \$22,755

PJH: 17 JAN 66

SECRET
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE MO: DA: YR: 01 16 66
			5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V G TO V	V TO G G TO G	7. COST CENTER NO. CHARGEABLE 6136 1347 0000
			8. CSC OR OTHER LEGAL AUTHORITY SECTION 203 P.L.88-643
9. ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 0399	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, etc.) GS	15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP 16 5	17. SALARY OR RATE 20928 22331
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 28	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 50660 WE	22. STATION CODE 67033
23. INTEGRITY CODE I	24. HEIGHT CODE 3	25. DATE OF BIRTH MO: DA: YR: 03 20 60	26. DATE OF GRADE MO: DA: YR: 10 10 65
27. DATE OF LEI MO: DA: YR: 10 10 65	28. NTE EXPIRES MO: DA: YR:	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE CODE 2
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE: MO: DA: YR:	33. SECURITY REF. NO.	34. SEX
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO: DA: YR:	37. LONG. COMP. DATE MO: DA: YR:	38. CAREER CATEGORY CAR: SERV: PROB: TEMP:
39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA FORM EXECUTED: CODE 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED: CODE 1 - YES 2 - NO	45. STATE TAX DATA CODE NO TAX EXEMP.	46. STATE CODE
SIGNATURE OF OTHER AUTHENTICATION			
POSTED			

FORM 1-62 1150

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-301
PURSUANT TO AUTHORITY OF PCY AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND AD-01 POLICY DIRECTIVE DATED 1 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	50 660	CF	GS 16 5		\$21,555	\$22,331

F57

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
				50 660 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 16 4		\$20,900	10/13/63	GS 16 5		\$21,555	10/10/65
7. TYPE ACTION							
PSI LSI ADJ.							
8. Remarks and Authentication							
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>W. B. [illegible]</i> DRSE 20 Aug 1965							
PAY CHANGE NOTIFICATION							

SECRET
(When Filled In)

06/16/65

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 2 NAME (LAST-FIRST MIDDLE)

3. NATURE OF PERSONNEL ACTION

SEPIFS CODE ADJUSTMENT

4. EFFECTIVE DATE

06 07 65

5. CATEGORY OF EMPLOYMENT

6 FUNDS

V TO V

V TO U

U TO V

X U TO U

7. COST CENTER NO. CHARGEABLE

9136 1347 0000

8. CSC OR OTHER LEGAL AUTHORITY

9. ORGANIZATIONAL DESIGNATION

DUP/NE DIVISION

10. LOCATION OF OFFICIAL STATION

11. PREVIOUS TITLE

CHIEF OF STATION

12. POSITION NUMBER

0399

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.05

16. GRADE AND STEP

16

17. SALARY OR RATE

18. REMARKS

POSTED

in 6-21-65

SIGNATURE OR OTHER AUTHENTICATION

Form 11506
1-63 MFG 1-63

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

(4-51)

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

[illegible]

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-792 AND
 CSI MEMORANDUM DATED 1 AUGUST 1986, SALARY IS ADJUSTED AS FOLLOWS:
 EFFECTIVE 14 OCTOBER 1982

NAME	SERIAL	OPGN	FUNDS	OLD GRST SALARY	OLD GRST SALARY	NEW GRST SALARY	NEW GRST SALARY
[REDACTED]	62460		CF 16 2	\$15515	16 2	\$16800	

SECRET
 (When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
[REDACTED]		[REDACTED]		62 660 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE		7. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS-16	2	\$16,800	09/17/81	GS-16	3	\$17,000	10/14/82
8. Remarks and Authentication							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD. CLERKS INITIALS AUDITED BY							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: [Signature]				DATE: 24 OCT 1982			
PAY CHANGE NOTIFICATION							

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
		62 660 CF 14	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Last Eff. Date
GS 16	3	\$17,000	10/14/62
Grade	Step	Salary	Effective Date
GS 16	4	\$17,500	10/13/63
7. TYPE ACTION			
PSI LSI ADJ			
8. Remarks and Authentication			
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLEHNS INITIALS AUDITED BY 663			
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.			
SIGNATURE: <i>[Signature]</i>		DATE: <i>Aug 26, 1963</i>	
PAY CHANGE NOTIFICATION			

Form 560 Obsolete Previous Edition (4-61)

SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
		DDP/WH 9 UV	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Last Eff. Date
GS 16	1	\$15,255	03/20/60
Grade	Step	Salary	Effective Date
16	2	\$15,515	09/17/61
7. TYPE ACTION			
PSI LSI ADJ			
8. Remarks and Authentication			
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD			
CLEHNS INITIALS WK			
PAY CHANGE NOTIFICATION			

Form 560 Obsolete Previous Edition (4-61)

SECRET

AES: 26 JULY 61

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						07 23 61		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2135 1990 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
CS/CS DEV COMP DDP WH DIVISION											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
CHIEF OF STATION						9997		D			
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		03 0 16 1		13600 15255			
18. REMARKS											
RETRUNEE CASUAL											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
37	14	64997 WH		17085	1	3					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
NO. DA. YR				CODE		TYPE		NO. DA. YR		34. SEX	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. MIL SERV. CREDIT/UCD		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO. DA. YR		NO. DA. YR		CODE		CODE			
0 - NONE 1 - 5 PT 2 - 10 PT						1 - YES 2 - NO		0 - WAIVER 1 - YES			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		FORM EXECUTED CODE		FORM EXECUTED CODE			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 62 MOS) 3 - BREAK IN SERVICE (MORE THAN 62 MOS)						1 - YES 2 - NO		1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
FOOTED											
2/28/61											

Form 6-60 1150

Obsolete Previous Editions

SECRET

(4-51)

2/27/61

PSC: 7 SEPT 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
ODF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						MO. DA. YR.		REGULAR			
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. USE OR OTHER LEGAL AUTHORITY			
V TO V CF TO V X CF TO CF						2136 6400 1017		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DOP WE											
OFFICE OF THE CHIEF											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
CHIEF OF STATION						0399		D			
14. CLASSIFICATION SCHEDULE (GS, NW, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS				0136.01		03 0 16 1		13600 15255			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERSEE CODE	24. HQ/IN CODE	25. DATE OF BIRTH	26. DATE OF GRADE		27. DATE OF LEI	
37	10	62660	WE	67033	1	3					
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.		34. SEX	
MO. DA. YR.			1. CSC 2. PICA 3. NONE			TYPE MO. DA. YR.					
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SERV. CREDIT/LCD		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		MO. DA. YR.	MO. DA. YR.	1 - YES 2 - NO		CODE CODE 0 - WAIVED 1 - YES		HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA				44. STATE TAX DATA		
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)					FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPTIONS		
					1 - YES 2 - NO				1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION											
9-11-61 W/K											

Form 1150
6-60

Obsolete Previous Editions

SECRET

(4.51)

JAN 9-7-61

AES: 6 APRIL 61

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
CONVERSION TO PERMANENT SUPERGRADE RANK*						04 06 61		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF				50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP WH BRANCH 4											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
CHIEF OF STATION						0114		D			
14. CLASSIFICATION SCHEDULE (GS, WD, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY RATE			
GS				0136.01		02 0 16 1		11740 15255			
18. REMARKS											
*THE DIRECTOR OF CENTRAL INTELLIGENCE ON 6 APRIL 1961 APPROVED YOUR PERMANENT GRADE AS GS 16.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTH CODE	
				NUMERIC ALPHABETIC							
25. NTE EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CORRECTION/CANCELLATION DATA		30. SECURITY DATA	
MO DA YR				1 - CMC 2 - FICA 3 - NONE				TYPE MO DA YR		SECURITY DATA	
31. PEP PREFERENCE		32. SERV. COMP. DATE		33. LONG COMP DATE		34. MIL. SERV. CREDIT/CD		35. FEGLI / HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE				CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPTIONS	
0 - NO / PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						1 - YES 2 - NO				1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 10 42761 W </div>											

Form 1150

Obsolete Previous Editions

SECRET

14-511

8-22-4-27-6

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D			46	52 GS-16 1	\$14,190	\$15,255

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

PAS: 11 MARCH 1960

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vol. Pref.		5. Sex		6. CS - ECD				
					Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		M 1		Mo. Da. Yr.				
								0				09 18 47				
7. SCD			8. CSC Reint.		9. CSC Or Other Legal Authority			10. Appt. Allidav.			11. FEGLI		12. LCD		13. Inlt. Crd.	
Mo. Da. Yr.			Yes-1 No-2		Code			Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2	
01 26 31			1		50 USCA 403 J								09 18 47		1	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDP WH BRANCH III										17085			
16. Dept. Title		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series					
Dapt - 1 USStd - 3 Fign - 5		Code		5		CHIEF OF STATION		0114		GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
Mo. Da. Yr.		\$		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.			
02 15 4		\$ 10920 17670		D		08 01 54		01 25 59		8 3545 55-055			

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION (TEMPORARY)*		30		03 20 60		REGULAR		OM			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDP WH BRANCH III										17085			
33. Dept. Title		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series					
Dapt - 1 USStd - 3 Fign - 5		Code		5		CHIEF OF STATION		0114		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
Mo. Da. Yr.		\$		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.			
02 16 1		\$ 10920 14190		D		03 20 60		09 17 61		0135 5450 3000			

44. Remarks

* PROMOTION TO THE GRADE INDICATED IS TEMPORARY AND FOR SUCH DURATION AS THE DIRECTOR WILL DETERMINE. YOUR PERMANENT GRADE IS THE GRADE FROM WHICH YOU ARE TEMPORARILY PROMOTED.

FOCIED

4-7-60

GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 15	3	\$13,370	07	28	57	GS 15	4	\$13,670	01	25	59

REMARKS

CERTIFICATION

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

TYPED, OR PRINTED, NAME OF SUPERVISOR: DATE: 11 Dec. 1958

PERIODIC STEP INCREASE - CERTIFICATION

FORM NO. 560
MAR. 56

SECRET

PERSONNEL FOLDER (4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT	
				DDP/WH		UV			

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 15	3	\$13,370	07	28	57	GS 15	4	\$13,670	01	25	59

TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER

8. CHECK ONE: ☐ NO EXCESS LWOP ☐ EXCESS LWOP
 IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA	YR	<div style="text-align: center; font-size: 2em; font-weight: bold;">SECRET</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">544</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">7/10</div>					

14. AUTHENTICATION

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
 12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
 DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
		GS-15-3	\$12,150	\$13,370

GORDON M. STEWART
 /S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(When Filled In)

DMG 4 APR 58												NOTIFICATION OF PERSONNEL ACTION											
1. Serial No.			2. Name (Last-First-Middle)						3. Date Of Birth			4. Vol. Prof.		5. Sex		6. CS - LOD							
									Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		Code		Mo. Da. Yr.							
												0		M 1		09 18 47							
7. SCD			8. CSC Retmt.			9. CSC Or Other Legal Authority			10. Apmt. Allidav.			11. FEGLI		12. LCD		13. Mil. Serv. Lea.							
Mo. Da. Yr.			Yes-1 No-2			Code			Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr.							
01 26 31						50 USCA 403								09 18 47		No-2 1							

PREVIOUS ASSIGNMENT

14. Organizational Designations						Code		15. Location Of Official Station						Station Code			
DDP WH BRANCH III								WASH. D. C.									
16. Dept. Field						Code		17. Position Title						18. Position No.		19. Serv. 20. Occup. Series	
Dept. - 1 USIld - 3 Fign - 5						1		AREA OPS OFF BR CH						0460		GS 0136.01	
21. Grade & Step			22. Salary Or Rate			23. SD			24. Date Of Grade			25. Pl. Due			26. Appropriation Number		
02 15 3			\$925 \$12150			DI			Mo. Da. Yr.			Mo. Da. Yr.			8 3500 10 200		

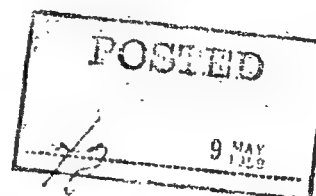
ACTION

27. Nature Of Action			Code		28. Eff. Date			29. Type Of Employee			Code		30. Separation Date	
REASSIGNMENT			67		04 06 58			REGULAR			OM			

PRESENT ASSIGNMENT

31. Organizational Designations						Code		32. Location Of Official Station						Station Code			
DDP WH BRANCH III						4652								17025			
33. Dept. Field						Code		34. Position Title						35. Position No.		36. Serv. 37. Occup. Series	
Dept. - 1 USIld - 3 Fign - 5						5		CHIEF OF STATION						0114		GS 0136.01	
38. Grade & Step			39. Salary Or Rate			40. SD			41. Date Of Grade			42. Pl. Due			43. Appropriation Number		
02 15 3			\$925 \$12150			DI			Mo. Da. Yr.			Mo. Da. Yr.			8 3545 55 055		

44. Remarks



FORM NO. 1150a
1 MAR 57

SECRET

(4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT	
				DDP/WH -2		UV			
6. OLD SALARY RATE					7. NEW SALARY RATE				
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO. DA. YR.
15	2	\$11,880	01	29	56	15	3	\$12,150	07 28 57
REMARKS									
CERTIFICATION									
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.									
TYPED OR PRINTED NAME OF SUPERVISOR			DATE		SIGNATURE OF SUPERVISOR				
J. C. KING			16 JULY 57		<i>J. C. King</i>				
PERIODIC STEP INCREASE - CERTIFICATION									

FORM NO. 560
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT	
				DDP/WH		UV			
6. OLD SALARY RATE					7. NEW SALARY RATE				
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO. DA. YR.
15	2	\$11,880	01	29	56	15	3	\$12,150	07 28 57
8. CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD									
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER					9. NUMBER OF HOURS LWOP				
10. INITIALS OF CLERK:					11. AUDITED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE					13. REMARKS				
GRADE	STEP	SALARY	MO. DA. YR.						
14. AUTHENTICATION									
<div style="text-align: center; font-size: 2em; opacity: 0.5;">SECRET</div>									
PERIODIC STEP INCREASE - AUTHENTICATION									

FORM NO. 560a
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

SECRET
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				28 Jun 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
REASSIGNMENT 56		10 Jun 1957	50 USCA 403 j	
FROM		TO		
BA-40		Area Ops Officer (Br Ch) BA-460 (Attache)		
Branch I		DDP/MH Branch II		
8. POSITION TITLE		9. SERVICE SERIES, GRADE, SALARY		
		GS-0136, 01-15 \$11,880.00 per annum (PSS-3 \$9635.00 per annum)		
10. ORGANIZATIONAL DESIGNATION		11. HEADQUARTERS		
467552		1 Washington, D. C.		
12. FIELD OR DEPT'L		13. VETERAN'S PREFERENCE		
1		14. POSITION CLASSIFICATION ACTION		
FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. APPROPRIATION		16. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
FROM 7-3500-10-200 750-13		17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
TO: GARIO		18. LEGAL RESIDENCE		
19. REMARKS:		20. SIGNATURE OR OTHER AUTHENTICATION		
3 EOD 09/18/47		POSTED 5 JUL 1957 Lw		
ENTRANCE PERFORMANCE RATING:		DIRECTOR OF PERSONNEL		

SECRET

1-EMPLOYEE COPY

27 7/1/57

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL
(When Filled In)

U. S. GOVERNMENT PRINTING OFFICE: 1954-220090

1. Agency and organizational designation		2. Payroll period	3. Leave pay	4. Slip No.
5. ID number when appropriate		6. Grade and salary <div style="text-align: right;">GS-15 \$11,510</div>		

PAYROLL CHANGE DATA													
7. Previous normal	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. L. C. A.	STATE TAX	GROUP LIFE INS.				NET PAY

10. Remarks <div style="text-align: center;">RECEIVED DIVISION</div>	11. Appropriation(s) <div style="text-align: center;">NHL-5</div>	12. Prepared by Feb 10 Nov 55 13. Audited by
---	--	--

☒ Periodic step increase
 ☐ Pay adjustment
 ☐ Other step increase

14. Effective date 29 Jan 56	15. Date last approved 1 Jan 56	16. Old salary rate \$11,510	17. New salary rate \$11,850	18. Performance review, satisfactory or better SERVICE AND CONDUCT ALL SATISFACTORY
---------------------------------	------------------------------------	---------------------------------	---------------------------------	---

19. LWOP data (fill in appropriate spaces covering LWOP during following periods):
☐ No excess LWOP
 ☐ Total excess LWOP

(Signature or other authentication)
☐ in pay status at end of waiting period
☐ in LWOP status at end of waiting period

Initials of Clerk

STANDARD FORM NO. 1126d—Revised

Form prescribed by Comp. Gen., U. S.

October 26, 1954, General Regulations No. 102

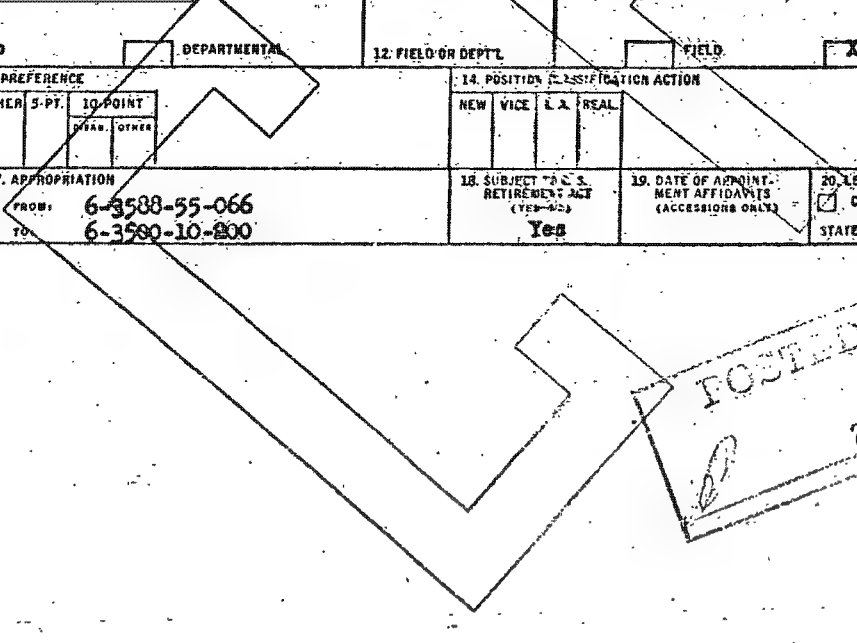

CONFIDENTIAL

PAYROLL CHANGE SLIP — PERSONNEL COPY

SECRET
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

FWB

1. NAME (MR.-MISS-MRS.-ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH		3. JOURNAL OR ACTION NO.		4. DATE	
						25 Jan 1956	
This is to notify you of the following action affecting your employment:							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)				6. EFFECTIVE DATE		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
REASSIGNMENT				29 Jan 1956		50 USCA 403 j	
FROM				TO			
Area Ops Off (Sta Ch) BAF-93				Area Ops Officer (B. C.) BA-40			
GS-0136.01-15 \$11,610.00 per annum (FBS-3 \$9120.00 per annum)				GS-0136.01-15 \$11,610.00 per annum (FBS-3 \$9120.00 per annum)			
DDP/WE				DDP/WE			
				Branch I - NWC			
				Washington, D. C.			
12. FIELD OR DEPT'L				12. FIELD OR DEPT'L			
<input checked="" type="checkbox"/> FIELD				<input checked="" type="checkbox"/> DEPARTMENTAL			
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE WWII OTHER 5-PT. 10-POINT				NEW VICE L.A. REAL			
<input checked="" type="checkbox"/>				SD-DI			
15. SEX		16. RACE		17. APPROPRIATION		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	
M		W		FROM: 6-3588-55-066 TO: 6-3580-10-200		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	
						20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. REMARKS:							
<div style="text-align: right;">   </div>							
ENTRANCE PERFORMANCE RATING: Director of Personnel							
22. SIGNATURE OR OTHER AUTHENTICATION							

SECRET

1. EMPLOYEE COPY

2052/25/56

STANDARD FORM 52
PROPERTY OF THE
U. S. CIVIL SERVICE COMMISSION
GENERAL REG. - PERSONNEL
MANUAL, CHAPTER IV

SECRET

REQUEST FOR PERSONNEL ACTION

CONFIDENTIAL FUNDS

7/2/54
9/23/54
Sum

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
		-	26 May 54
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) PROMOTION		6. EFFECTIVE DATE A. PROPOSED: ASAP	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: AUG 1 1954	

FROM: AREA OPS OF (STA CH), BAF-93-14 GS-0136-01-14, \$9800.00 p.a. \$7929.00 p.a.) DDP/WH	9. POSITION TITLE AND NUMBER	TO: AREA OPS OF (STA CH), BAF-93 GS-0136-01-15, \$10,800.00 p.a. \$7929.00 p.a.) DDP/WH
	10. SERVICE, GRADE, AND SALARY	
	11. ORGANIZATIONAL DESIGNATIONS	
	12. HEADQUARTERS	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	13. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
BAF-93

PERIODIC STEP INCREASE DUE **15 Aug 54**
TO SALARY \$ **10,000.00**

B. REQUESTED BY (Name and title)
King

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
k-4457

D. REQUEST A
Signature: **W.D. P. Admin**
Title: **W.D. P. Admin**

13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
HOME	WHEN OTHER S.P.	NEW	VICE I.A. REAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>		CD: VI
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
N	W	FROM: 4-3509-55-066 TO: 8800	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSORY ONLY)
		20. LEGAL RESIDENCE	<input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED

21. STANDARD FORM 50 REMARKS

22. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

APPROVED BY
FI CAREER SERVICE BOARD
DATE: **JUN 23 1954**

23. APPROVED BY

24. APPROVED BY

25. APPROVED BY

26. APPROVED BY

27. APPROVED BY

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99. APPROVED BY

100. APPROVED BY

July 23, 1954

SECRET

UNVOICED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 16 Feb. 54
		5. EFFECTIVE DATE A. PROPOSED 28 Feb. 54	7. C. S. OR OTHER LEGAL AUTHORITY
6. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, reparation, etc.) Reassignment		8. APPROVED: FEB 28 1954	
9. POSITION (Specify whether establish, change grade or title, etc.)			

FROM: OPS OF - CHIEF, BA-121-14 OS-132-14, \$9800.00 p.a. \$7929.00 p.a.) DDP/WH	10. POSITION TITLE AND NUMBER	TO: ARZA OPS OF - (STA CH) BAF-93-14 OS-0136.01-14, \$9800.00 p.a. \$7929.00 p.a.) DDP/WH
11. SERVICE GRADE AND SALARY		12. FIELD OR DEPARTMENTAL
13. ORGANIZATIONAL DESIGNATIONS		
14. HEADQUARTERS		
15. FIELD		16. DEPARTMENTAL

17. REMARKS (Use reverse if necessary)
BAF-93

18. REQUEST APPROVED BY Signature: C/WH Title:
--

19. VETERAN PREFERENCE NONE [] WAR [] OTHER [] 3-PT. [] 10 POINT [] DISAB [] OTHER []	20. POSITION CLASSIFICATION ACTION NEW [] VICE [] F. A. [] REAL []
--	---

21. SEX M	22. RACE W	23. APPROPRIATION FROM: 4-3588-55-066 TO: Same	24. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	25. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSORS ONLY)	26. LEGAL RESIDENCE STATE: [] CLAIMED [] PROVED
--------------	---------------	--	--	---	--

27. STANDARD FORM 50 REMARKS

28. CLEARANCES	29. INITIAL OR SIGNATURE	30. DATE	31. REMARKS
A			
B. CEIL. OR JOE CONTROL	ICW	2/19	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E			

32. APPROVED BY

STANDARD FORM 52
PROPOSED BY: [blank]
DATE: [blank]
OFFICE: [blank]
REASON: [blank]

SECRET

SECURITY INFORMATION UNDOUBTERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Mrs - Mre - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
[blank]	[blank]	[blank]	7 Mar. 53
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: 29 MAR 53	

FROM: INTELL OFF (Chief of Station) 08-11 08-11, 5900000 P.A. \$7689 DDP MH I	10. POSITION TITLE AND NUMBER 11. SERVICE, GRADE, AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL	TO: OPS OF (CHIEF) BA-121-11 08-12-11, 5900000 P.A. \$7689 \$9800 DDP MH I
---	---	--

A. REMARKS (Use reverse if necessary) BA-121		APPROVED BY: FI CAREER SERVICE BOARD	
B. RECOMMENDATION C. FOR	C/MH (reason)	D. REQUEST APPROVED Signature: [blank] Title: [blank]	

13. VETERAN STATUS				14. POSITION CLASSIFICATION ACTION			
NONE	WHILE	OTHER	WPS	NEW	VICE	L.A.	REAL
15. SEX: [blank]				16. RACE: [blank]			
17. APPROPRIATION FUND: 3529 TY: 3529				18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT WARRANT DATES (ACQUISITIONS ONLY)	
20. LEGAL RESIDENCE STATE: [blank]				21. STANDARD FORM 50 REMARKS			

22. CLEARANCES				INITIAL OR SIGNATURE		DATE		REMARKS	
A.				[blank]		[blank]		[blank]	
B. CEIL OR POS CONTROL				[blank]		[blank]		[blank]	
C. CLASSIFICATION				[blank]		[blank]		[blank]	
D. PLACEMENT OR EXPL.				[blank]		[blank]		[blank]	
E.				[blank]		[blank]		[blank]	
F.				[blank]		[blank]		[blank]	

FOSTERED

AK 26 Mar

3/23/53

STANDARD FORM 52
PROPOSED BY THE
U. S. CIVIL SERVICE COMMISSION
JANUARY 1950 - FEDERAL PERSONNEL
MANAGEMENT SYSTEM

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initials, and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 7 May 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: 20 MAY 201956	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			

FROM - Area Ops Officer (Br Ch) BA-40	9. POSITION TITLE AND NUMBER	TO - Area Ops Officer (Br Ch) BA-40
	10. SERVICE, GRADE AND SALARY GS-0136.01-15 \$11880.00 p.a. \$9380.00 p.a.	
	11. ORGANIZATIONAL DESIGNATIONS DDP/WH Branch I Washington, D. C.	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)

A. REMARKS (Use reverse if necessary)

New T/O

USED IN LIEU OF SF50
NOTIFICATION OF PERSONNEL ACTION

13. VETERAN PREFERENCE NONE <input checked="" type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. OTHER	14. REQUEST APPROVED BY Signature: C/WH Title:
---	---

15. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> E.A. <input type="checkbox"/> R.A. <input type="checkbox"/>	16. APPROPRIATION FROM: 6-3500-10-200 TO: Same	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSORY ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
--	--	--	--	---

20. STANDARD FORM 50 REMARKS

APPROVED BY FI CAREER SERVICE BOARD DATE: 14 May 56	POSTED BD 5-21-56
---	------------------------------------

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E.			

16 May 56
16-77379-4

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

12+MR
21 Aug 52

NAME		DATE	
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		14 August 1952	
BIRTH		EFFECTIVE DATE	
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		15 August 1952	
		FROM	TO
TITLE	Intell. Off. (Chief)		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
GRADE AND SALARY	GS-14, \$2900		<div style="border: 1px solid black; width: 100px; height: 20px;"></div> \$7689.
OFFICE	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
DIVISION	WH		WH
BRANCH	1		1
OFFICIAL STATION	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
APPROVAL			
QUALIFICATIONS	FOR ASSISTANT DIRECTOR		EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER		
<div style="display: flex; justify-content: space-between;"> POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <div> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> </div>			
OATH OF OFFICE AND NO-STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
(SIGNATURE OF AUTHENTICATING OFFICER)			
REMARKS:			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			

SECRET

FDY MR
30 Apr 52 T.H.

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE
		12 March 1952
NATURE OF ACTION		EFFECTIVE DATE
Reassignment Reassignment		27 April 1952
TITLE	<i>Intell off</i> Chief of Station, GS-11	<i>Intell off</i> Chief of Station, GS-11
GRADE AND SALARY	GS-11, \$9600.00 per annum	GS-11, \$9600.00 per annum
OFFICE	OSO	
DIVISION	FLT	WII
BRANCH	EC	Branch I
OFFICIAL STATION		

APPROVAL

RECUTIVE

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS

YES NO
☐ ☐

DATA OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON

SECURITY CLEARED ON

OVERSEAS AGREEMENT SIGNED

ENTERED ON DUTY

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

S-11.

132

POSTED
9/12/52

12 March 1952

ALWII

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME 	DATE 16 July 1951	
NATURE OF ACTION <u>Promotion</u>	EFFECTIVE DATE <u>19 August 1951</u>	
TITLE	FROM Chief of Station, GS-13	TO <i>(Intelligence Officer)</i> Chief of Station, GS-11
GRADE AND SALARY	GS-13, \$7800.00 per annum	GS-11, \$8800.00 per annum
OFFICE	OSO	OSO
DIVISION	FDT	FDT
BRANCH	ED	EC
OFFICIAL STATION		
SUPERVISOR 	EXECUTIVE 	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/> 5:130
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		PURSUANT TO DCI DIRECTIVE 15 JUL 51 OCT 1951 SALARY ADJUSTED TO \$ <u>9600</u>
REMARKS: Slot # 87.		SIGNATURE OF AUTHENTICATING OFFICER <div style="border: 1px solid black; width: 150px; height: 40px; margin: 10px auto;"></div>

COPY IS PAYROLL FILES
CONFIDENTIAL FUNDS BRANCH

JC

SECRET

Signature

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME 	DATE 19 September 1950	
NATURE OF ACTION Periodic Pay Increase	EFFECTIVE DATE 17 September 1950	
	FROM	TO
TITLE	Intelligence Officer (Staff)	Intelligence Officer (Staff)
GRADE AND SALARY	GS-13 \$7600.00	GS-13 \$7800.00
OFFICE	OSO	OSO
DIVISION	FDT	FDT
BRANCH		
OFFICIAL STATION		
QUALIFICATIONS	APPROVAL	
	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
<div style="text-align: right; margin-top: 5px;"> SIGNATURE OF AUTHENTICATING OFFICER </div>		
REMARKS:		
<p>L.S.I. 7 March 1949.</p> <p>This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="border: 2px solid black; padding: 5px; text-align: center;"> POSTED <i>JA 25 Sept</i> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <p>ATTENTION CHIEF</p> </div> <div style="text-align: right;"> <p><i>BRD</i></p> <p><i>[Signature]</i></p> </div> </div>		

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME 	DATE 10 November 1949	
NATURE OF ACTION Conversion - Classification Act of 1949*		EFFECTIVE DATE 30 October 1949
	FROM	TO
TITLE	Intelligence Officer (Staff)	Intelligence Officer (Staff)
GRADE AND SALARY	CAF-16 \$7432.20	GS-13 \$7600.00
OFFICE	OSO	OSO
BRANCH	FBT	FDT
DIVISION		
OFFICIAL STATION		
QUALIFICATIONS	<div style="text-align: center; font-size: 0.8em;">APPROVAL</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-bottom: 1px solid black;"></div> </div>	
CLASSIFICATION	PER 	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <div style="float: right; text-align: right;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
_____ <small>SIGNATURE OF AUTHENTICATING OFFICER</small>		
REMARKS:		
* Per authority contained in ltr DCI - 28 October 1949		

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME 		DATE 28 June 1949	
RESIDENCE AT TIME OF EMPLOYMENT			
LOCAL ADDRESS			
CITIZENSHIP U.S.	SEX Male	D 	MARITAL STATUS Married
NO. OF DEPENDENTS		DATE OF APPOINTMENT	
NATURE OF ACTION Transfer and Reassignment		EFFECTIVE DATE 24 July 1949	
	FROM		
TITLE	Chief	Intelligence Officer (Staff)	
GRADE AND SALARY	CAF-13, \$7432.20	CAF-13, \$7432.20	
OFFICE	OSO	OSO	
BRANCH	FBT	FBT	
DIVISION			
OFFICIAL STATION			
APPROVAL			
FIELD		HEADQUARTERS	
CHIEF OF STATION		FOR THE ASSISTANT DIRECTOR	
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; transform: rotate(-45deg); font-size: 0.8em;"> COPY IN PAGES 1-10 CONFIDENTIAL FILES </div> </div>		<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; transform: rotate(-45deg); font-size: 0.8em;"> COPY IN PAGES 1-10 CONFIDENTIAL FILES </div> </div>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>			
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
AUTHENTICATED BY _____			
REMARKS S-2 Subject is replacement for who is leaving that slot.			

FORM NO. 57-1 - PREVIOUS EDITIONS ARE NOT TO BE USED.
FEB 1949

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

JB.

NAME		DATE	
		25 February 1949	
RESIDENCE AT TIME OF EMPLOYMENT			
LOCAL ADDRESS			
CITIZENSHIP	SEX	DATE OF BIRTH	MARITAL STATUS
USA	M		Married
NO. OF DEPENDENTS		DATE OF APPOINTMENT	
NATURE OF ACTION		EFFECTIVE DATE	
Promotion		7 March 1949	
	FROM	TO	
TITLE	Chief of Station	Chief of Station	
GRADE AND SALARY	CAF-12 \$6714.00	CAF-13 \$7432.20	
OFFICE	OSO - FBI	OSO - FBI	
BRANCH			
DIVISION			
OFFICIAL STATION			
APPROVAL			
FIELD		HEADQUARTERS	
CHIEF OF STATION		FOR THE ASSISTANT DIRECTOR	
		PERSONNEL OFFICER	
		George E. Miller 2-28-49	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>	
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
AUTHENTICATED BY _____			
REMARKS			
Subject has been in grade since 20 October 1946.			

100-1 IN EXAMINATION
CONFIDENTIAL FUNDS BRANCH
INITIALS

CE 3/31/49
Jef

SECRET

SECRET

**PERSONNEL ACTION REQUEST
SPECIAL FUNDS**

12

NOTE: See instructions on reverse side.

NAME		DATE	12 October 1948
LEGAL ADDRESS		MARITAL STATUS	Married
LOCAL ADDRESS		NUMBER OF DEPENDENTS	
TELEPHONE		CITIZENSHIP	USA
		SEX	M
		AGE	37
NATURE OF ACTION	Periodic Pay Increase		EFFECTIVE DATE 17 October 1948

	FROM	TO
Title	Chief of Station	Chief of Station
Grade and Salary	CAP-12 \$6474.60	CAP-12 \$6714.00
Office - Branch	OSO - FBI	C20 - FBI
Division		
Section		
Official Station		
ALLOWANCES (Per Annum)		
Quarters		
Cost of Living		
Special Foreign Living		

REMARKS: (May be continued to reverse side)

Subject has received no increase in salary since 6 April 1947.
I certify that the services and conduct of the employee during the period
were satisfactory in all respects.

POSTED

10/10/48
10/10/48
10/10/48

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FIELD		APPROVAL	
		HEADQUARTERS U.S.	
CHIEF OF STATION	DATE		130-148
SPECIAL FUNDS OFFICER	DATE		DATE
	DATE		DATE
	DATE		DATE
	DATE		DATE

SECRET

HB 2

This form is to be initiated in the **SECTION** appropriate branch or office Chief for personnel and is subject to the personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME <u>[REDACTED]</u>		DATE <u>19 March 1947</u>	
NATURE OF ACTION <u>Periodic Increase</u>		NUMBER OF DEPENDENTS <u>One</u>	
EFFECTIVE DATE <u>6 April 1947</u>		LOCATION OF DEPENDENTS _____	
MARITAL STATUS <u>Married</u>		CITIZENSHIP <u>U.S.</u> SEX <u>M</u> AGE <u>35</u>	
FROM		TO	
POSITION <u>Chief of Station</u>		POSITION <u>Chief of Station</u>	
CONTROL NO. _____		CONTROL NO. _____	
CLASSIFICATION <u>CAF-12</u>		CLASSIFICATION <u>CAF-12</u>	
ANNUAL GROSS SALARY <u>\$5905.20</u>		ANNUAL GROSS SALARY <u>\$6144.60</u>	
OFFICIAL STATION <u>[REDACTED]</u>		OFFICIAL STATION <u>[REDACTED]</u>	
ALLOWANCES:		ALLOWANCES:	
QUARTERS _____		QUARTERS _____	
COST OF LIVING _____		COST OF LIVING _____	
SPECIAL FOREIGN LIVING _____		SPECIAL FOREIGN LIVING _____	
TOTAL _____		TOTAL _____	
OFFICE:		OFFICE:	
BRANCH <u>OSO-74T</u>		BRANCH <u>OSO-74T</u>	
DIVISION _____		DIVISION _____	

TO BE PAID BY _____ OFFICE \$ _____

TAX WITHHELD IN UNITED STATES _____

INSURANCE TO BE WITHHELD IN UNITED STATES _____
(Amount subject to change if premium is increased or decreased)

SAVINGS BONDS 12.50

PETIREMENT WITHHELD IN UNITED STATES 37.50

OTHER (Specify in detail) _____

ALLOTMENTS _____
(Name of Allottee) 1122.65

Address _____

TOTAL GROSS SALARY PER PAY PERIOD 478.65

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

JOB DESCRIPTION:

SPECIAL QUALIFICATIONS

REASONS FOR ACTION

DATE OF LAST PROMOTION

Periodic Pay Increase - Last Salary Increase - 1 Sep 1946

APPROVED _____ OFFICE
(Field)

(Chief of Mission) Date _____

(Security Officer) Date _____

(Special Funds Officer) Date _____

APPR _____

(Assistant Secretary) Date _____

(Branch Chief) Date 24/3/47

(Chairman, Pers. Review Com.) Date _____

EN Schell
(Special Funds Officer) Date 24/3/47

PERSONNEL ACTION REQUEST

SECRET

This form is to be initiated in triplicate by the appropriate Branch or Office Chief for processing in accordance with existing personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME <u> </u>		DATE <u>8 March 1947</u>	
NATURE OF ACTION <u>Transfer</u>		NUMBER OF DEPENDENTS <u>one</u>	
EFFECTIVE DATE <u>10 March 1947</u>		LOCATION OF DEPENDENTS <u> </u>	
MARITAL STATUS <u>married</u>		CITIZENSHIP <u>American</u> SEX <u>male</u> AGE <u>35</u>	
FROM		TO	
POSITION <u>Chief of Station</u>		POSITION <u>Chief of Station</u>	
CONTROL NO. <u> </u>		CONTROL NO. <u> </u>	
CLASSIFICATION <u>CAF-12</u>		CLASSIFICATION <u>CAF-12</u>	
ANNUAL GROSS SALARY <u>\$5908.20</u>		ANNUAL GROSS SALARY <u>\$5908.20</u>	
OFFICIAL STATION <u> </u>		OFFICIAL STATION <u> </u>	
ALLOWANCES:		ALLOWANCES:	
QUARTERS <u> </u>		QUARTERS <u> </u>	
COST OF LIVING <u> </u>		COST OF LIVING <u> </u>	
SPECIAL FOREIGN LIVING <u> </u>		SPECIAL FOREIGN LIVING <u> </u>	
TOTAL <u> </u>		TOTAL <u> </u>	
OFFICE:		OFFICE:	
BRANCH <u>OSO - FRK</u>		BRANCH <u>OSO - FRK</u>	
DIVISION <u> </u>		DIVISION <u> </u>	

TO BE PAID BY (Field) OFFICE \$

TAX WITHHELD IN UNITED STATES

INSURANCE TO BE WITHHELD IN UNITED STATES
(Amount subject to change if premium is increased or decreased)

SAVINGS BONDS

RETIREMENT WITHHELD IN UNITED STATES

OTHER (Specify in detail)

ALLOTMENTS
(Name of Allottee)

Address

TOTAL GROSS SALARY PER PAY PERIOD \$

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

Form No. 37-1
Sep 1946

SECRET

(Signature of Employee)

JOB DESCRIPTION:

SPECIAL QUALIFICATIONS

REASONS FOR ACTION

DATE OF LAST PROMOTION

APPROVED _____ OFFICE
(Field)

(Chief of Mission) Date _____

(Security Officer) Date _____

(Special Funds Officer) Date _____

(Special Funds Officer)

14 Mar 47

APPROVED - N.S. OFFICE

(Chairman, Review Com.)

(Special Funds Officer)

4/3/47

14 Mar 47

Date 15 Mar 47

PERSONNEL ACTION REQUEST

This form is to be initiated in triplicate by the appropriate Branch or Office Chief for processing in accordance with existing personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME 		DATE <u>OCT 20 1946</u>
NATURE OF ACTION <u>New Appointment</u>	NUMBER OF DEPENDENTS <u>one</u>	
EFFECTIVE DATE <u>OCT 20 1946</u>	LOCATION OF DEPENDENTS 	
MARITAL STATUS <u>married</u>	CITIZENSHIP <u>American</u> SEX <u>Female</u> AGE <u>35</u>	

FROM	TO
POSITION _____	POSITION <u>Chief of Station</u>
CONTROL NO. _____	CONTROL NO. _____
CLASSIFICATION _____	CLASSIFICATION <u>CAF-12</u>
ANNUAL GROSS SALARY _____	ANNUAL GROSS SALARY <u>\$5905.20</u>
OFFICIAL STATION _____	OFFICIAL STATION
ALLOWANCES:	ALLOWANCES:
QUARTERS _____	QUARTERS <u>\$ 900.00</u>
COST OF LIVING _____	COST OF LIVING <u>840.00</u>
SPECIAL FOREIGN LIVING _____	SPECIAL FOREIGN LIVING _____
TOTAL _____	TOTAL <u>\$ 1,740.00</u>
OFFICE:	OFFICE:
BRANCH _____	BRANCH <u>FSR.O</u>
DIVISION _____	DIVISION _____

TO BE PAID BY OFFICE	\$ <u>121.53</u>
(Field)	
TAX WITHHELD IN UNITED STATES	_____
INSURANCE TO BE WITHHELD IN UNITED STATES (Amount subject to change if premium is increased or decreased)	_____
SAVINGS BONDS	_____
RETIREMENT WITHHELD IN UNITED STATES	_____
OTHER (Specify in detail)	_____
Acct. 	_____
ALLOTMENTS	_____
Address 	_____
TOTAL GROSS SALARY PER PAY PERIOD	\$ <u>4544.24</u>

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

Form No. 37-1
Sep 1946

(Signature of Employee)

JOB DESCRIPTION:

SPECIAL QUALIFICATIONS

REASONS FOR ACTION

DATE OF LAST PROMOTION

APPROVED OFFICE

(Field)

Date 20.10.46

(Chief of Mission)

Date

(Security Officer)

Date

(Special Funds Officer)

APPROVED *H.A.S.* OFFICE

Date 13 Nov

(Administrative Officer)

Date 14 Nov

(Branch Chief)

Date

(Chairman, Pers. Review Com.)

James M. E. [Signature]

Date 20 Nov

(Special Funds Officer)

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
SECTION A GENERAL							
1. NAME <div style="border: 1px solid black; width: 100%; height: 15px;"></div>		2. DATE OF BIRTH <div style="border: 1px solid black; width: 100%; height: 15px;"></div>		3. SEX M	4. GRADE GS-16	5. SD D	
6. OFFICIAL POSITION TITLE Chief of Base				7. OFF/DIV/BR OF ASSIGNMENT DDP/ <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		8. CURRENT STATION <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify): <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 April 67 - 31 March 1968			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to resignation or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Base supervising six professional and three clerical subordinates.						RATING LETTER S	
SPECIFIC DUTY NO. 2 Establishment and maintenance of operational support mechanisms.						RATING LETTER S	
SPECIFIC DUTY NO. 3 Operational reporting.						RATING LETTER S	
SPECIFIC DUTY NO. 4 Liaison with FBI and DCS, et al.						RATING LETTER S	
SPECIFIC DUTY NO. 5 Direction of recruitment and handling of support assets.						RATING LETTER S	
SPECIFIC DUTY NO. 6 <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div>						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S	

26 JUL 1968

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUL 19 11 08 AM '68

[] is much too experienced and practiced a hand for his performance to vary very much from year to year. He has continued to turn in the highly creditable performance [] that has been standard for him for many years. He has managed his subordinates well and has exercised uniformly good judgment in directing their operational efforts. Of particular value has been his steadiness in the face of administrative adversity disrupting the organization of his Base. [] insured that the work of the Base continued uninterrupted and demonstrated his capacity to keep on top of all details and report them to Headquarters as appropriate. It is a credit to [] that in the post-Ramparts exposure period there was not a single instance of an academic asset withdrawing from a relationship with the Base.

The performance of his officers attests the careful guidance and wise leadership which has enabled them to operate securely and well in sensitive areas. His relations with the FBI and DCS are excellent. He is appropriately economy minded. In short, he is a decidedly strong supervisor.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
18 months	[] is in the Field and will be shown a copy of this Fitness Report on his next TDY trip to Headquarters.	
DATE	OFFICIAL TITLE OF SUPERVISOR	SIGNATURE
15 July 1968	C/DO/I	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in rating officer's judgment.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED NAME
17 July 1968	Chief, DO Division	[]

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 055292	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. DO	
				M	16		
6. OFFICIAL POSITION TITLE Chief of Base			7. OFF/DIV/BR OF ASSIGNMENT DDP/		8. CURRENT STATION		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> SPECIAL (Specify): <input type="checkbox"/> REASSIGNMENT EMPLOYEE				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)- 1 October 1966 - 31 March 1967				
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Base supervising six professional and three clerical subordinates.						RATING LETTER S	
SPECIFIC DUTY NO. 2 Establishment and maintenance of operational support mechanisms.						RATING LETTER S	
SPECIFIC DUTY NO. 3 Operational reporting.						RATING LETTER S	
SPECIFIC DUTY NO. 4 Liaison with the FBI and DCS, et al.						RATING LETTER S	
SPECIFIC DUTY NO. 5 Direction of recruitment and handling operations.						RATING LETTER S	
SPECIFIC DUTY NO. 6 31 AUG 1967						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

[] is an old hand at running Bases or Stations abroad and his performance as Chief of Base, [] amply attests that. It goes without saying that he understands all aspects of the business, knows how to delegate, organize, direct and report. He has continued to do all these things well. His seniority, experience and maturity served the Agency in particularly good stead during this period []

[] through no fault of [] His subsequent and consequent actions were all taken with sound judgment and appropriate calm and circumspection. He was also most receptive to, and cooperative in, Headquarters suggestions in this matter. He is, of course, cost conscious and an excellent supervisor. His overall performance is that of a high order of senior Agency officers.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Subject is in the field; a copy of this report is being retained to show him on his next TDY to Hqs.

DATE

21 August

OFFICIAL TITLE OF SUPERVISOR

C/DO/I

TYPED OR PRINTED NAME AND SIGNATURE

(Signed in draft)

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur fully in overall rating of "Strong".

DATE

28 August 1967

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, DO Division

[]

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
SECTION A GENERAL							
1. NAME <div style="display: flex; justify-content: space-between; font-size: 0.8em;">(Last) (First) (Middle)</div>			2. DATE OF BIRTH		3. SEX M	4. GRADE GS-16	5. SD D
6. OFFICIAL POSITION TITLE Chief of Station				7. OFF/DIV/BR OF ASSIGNMENT UDP/WE		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See instructions - Section C)				ANNUAL REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 April 1965 - 27 September 1965			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>							
SPECIFIC DUTY NO. 1 My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for the period ending 31 March 1965.							RATING LETTER
SPECIFIC DUTY NO. 2							RATING LETTER
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>							RATING LETTER S

C

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
	[] is currently at his overseas post.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 65	Chief, WE Division	[]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
19 OCT 1965	ADDP	Thomas H. Karamessines

SECRET

SECRET

12 May 1965

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]

Fitness Report for the Period 1 April 1964
to 31 March 1965

WF

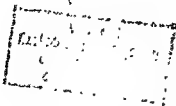
Hdgrs. 3

1. Subject, [REDACTED] is a GS-16 and has been assigned to [REDACTED] as Chief of Station since October 1961.

2. As Chief of Station, he is charged with the organization and management of the station and is responsible for the planning, direction, and supervision of all its activities. He also exercises general supervision of the [REDACTED]

3. Subject serves as the Ambassador's principal intelligence officer, as chairman of the Embassy Defector Committee, as the Agency representative on the Embassy Country Team, and as the coordinator of U.S. clandestine intelligence operations [REDACTED] Accredited as the Agency's representative to [REDACTED]

4. Subject is an experienced and mature officer, possessing an excellent command of Spanish. Highly motivated, conscientious, and industrious, he readily accepts responsibility and is both thorough and reliable in the execution of his duties. Even tempered and affable, he holds the confidence and friendship of those whom he directs and those to whom he is responsible, and the morale of his station is noticeably high. He is alert to the operational possibilities



14 JUN 1965

SECRET

SECRET

- 2 -

of any given situation, evidences sound and objective judgment, and works well under pressure. He writes lucidly, speaks articulately, and exhibits a high degree of cost consciousness in the use of government funds and property. His delegation of responsibility to others is meaningful and well delineated.

5. Subject's performance has been strong throughout the rating period. He has given the station purposeful direction and competent management and as an effective supervisor who commands the loyalty and respect of those whom he supervises, he has succeeded in obtaining a maximum effort from the station personnel. He enjoys the confidence of the Ambassador and other principal officers of the Embassy, several of whom have expressed their appreciation of subject's work and commented on the value of the station's contribution to the functioning of the Embassy. The fact that the Ambassador arrived [redacted] with definite prejudices regarding the Agency but was of quite another mind upon his departure is testimony to subject's skill and tact.

[redacted]

7. In addition to his considerable executive and liaison duties, subject has carried out the previously cited operational assignments with marked ability. He is a convincing and persuasive agent handler, and his operational reporting is prompt and thorough.

8. The only criticism I would make of subject is that I believe [redacted]

[redacted]

[redacted]
Deputy Chief
Western Europe Division

OVERALL PERFORMANCE IN CURRENT POSITION: "S" [redacted]

COMMENTS OF REVIEWING OFFICIAL: CONCUR

SECRET

C/WE

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME		BIRTH	3. SEX	4. GRADE	5. SD
			M	16	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/RR OF ASSIGNMENT & CURRENT STATION			
Chief of Station		DDP/WE			
9. CHECK (X) TYPE OF APPOINTMENT:			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.R.			12. REPORTING PERIOD (From - To)		
			1 April 1963 - 31 March 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
As Chief of Station plans and directs all FI and CA operations					P
SPECIFIC DUTY NO. 2					RATING LETTER
Supervises personnel					P
SPECIFIC DUTY NO. 3					RATING LETTER
Maintains contact with					S
SPECIFIC DUTY NO. 4					RATING LETTER
Represents the Director of CIA with the Ambassador and other U.S. officials					O
SPECIFIC DUTY NO. 5					RATING LETTER
Personally handles several sensitive operations.					S
SPECIFIC DUTY NO. 6					RATING LETTER
					O
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
12 MAY 1964					S

SFP

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

OFFICE OF PERSONNEL

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is one of the Agency's truly mature, experienced operations officers. He has had unusual operational experience in Central and South America, both in the field and in Headquarters. His activities have spanned both the FI and the CA spectrum. He has and does deal easily and graciously with high ranking officials, both American and foreign. His good sense, poise and dignity never fail to impress. He is a person of principal and high morals. He does not hesitate to express his conviction even though he may have reason to believe such convictions are not popular. He is a strong supervisor who enjoys his subordinate's respect. He is economy minded and made diligent efforts to comply with requests to economize.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Subject is with the field. This report will be shown to him upon his return.

DATE

OFFICIAL TITLE OF SUPERVISOR

SIGNATURE

20 April 1964

Chief, WE/5

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED

5 May 1964

C/W E

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	GS 16
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Chief of Station			DDP/WE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
22 April 1963			1 April 1962-31 March 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Direction of all FI and CA operations.					S
SPECIFIC DUTY NO. 2 Administration of Station and supervision of personnel.					S
SPECIFIC DUTY NO. 3 Direct supervision of senior ops officer					S
SPECIFIC DUTY NO. 4 Personally handles a sensitive operation of interest					S
SPECIFIC DUTY NO. 5 Maintains contact with senior personnel.					S
SPECIFIC DUTY NO. 6 Maintains a working relationship with the Ambassador and other U. S. officials.					S
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
30 APR 1963					S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

APR 29 9 54 AM '63

[] has ably administered a large Station and has demonstrated maturity, good judgment and tact in the day-to-day management and direction of Station activities and personnel.

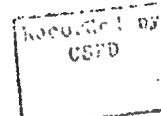
SECTION D

CERTIFICATION AND COMMENTS

1.		I CERTIFY THAT I			
DATE	4 Feb. 1964	SIGNATURE OF			
2.		IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION:		Subject employee is in the field. Report will be shown to him upon his return to Headquarters.			
DATE	19	OFFICIAL TITLE OF SUPERVISOR	TYPE		
	April 25, 1963	DC/WE			
3.		BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL					
I concur in the above assessment.					
DATE	25 April 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE		
		C/WE			

SECRET

RYBAT
SECRET



17 April 1962

MEMORANDUM FOR: Acting Chief, WE

SUBJECT :

[redacted]
Fitness Report Covering the Period 14 August 1961 to
31 March 1962

1. [redacted] assumed his duties as Chief of Station, [redacted] on
23 September 1961. The Station, as constituted when [redacted] arrived,
included [redacted]

[redacted] had to be brought home due to a family emergency.

2. To date [redacted] has given every evidence of a particular ability
to cope with the crash program and the acute shortage of personnel with
judiciousness and maturity. While it is too early, yet, to pass judgement,
there are indications that [redacted]

3. As indicated above, [redacted] has not been in place as Chief of
Station long enough to justify firm reservations concerning his management,
nor to permit meaningful criticism. Also, as indicated above, his out-
standing noticeable strength to date has been his ability to cope with a
heavy operational program, a shortage of personnel, and a sometimes difficult
operational climate, with judgement, calmness and patience.

[redacted]
Chief, WE/5

CONCUR.

[redacted] C/WE

RYBAT

406.64
A.26

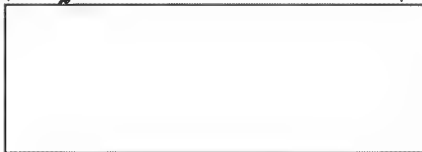
CONFIDENTIAL

MEMORANDUM FOR: Director of Personnel
SUBJECT: State Department Promotion of



1. The Department has informed this office that effective
April 1, 1962 subject employee was promoted from
FSR-3, \$13,600 to FSR-2, \$14,900

2. Request this notice be placed in the official folder of
the employee concerned.



cc: Finance Division
Area Division

CONFIDENTIAL

70-24 B of 23

STANDARD FORM 80 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 SF-109		AGENCY CERTIFICATION OF INSURANCE STATUS Federal Employees Group Life Insurance Program	
1. NAME (Last) (First) (Middle)		2(a). DATE OF BIRTH (Month, Day, Year)	
3. CHECK THE REASON FOR TERMINATING INSURANCE			
(a) <input type="checkbox"/> Separated (includes resignations) (b) <input checked="" type="checkbox"/> Retired (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify)		NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.	
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY			
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED		(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	
(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)			
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) OR ORIGINAL AND ALL COPIES OF SF 56, IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR)	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) OR DATE ON ITEM 5, CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 178-1)	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
31 March 1971	\$33,757 PER ANNUM		
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5:			
Personal signature of authorized agency official		Name and address of agency, including zip code	
<i>[Signature]</i>		Central Intelligence Agency Washington, D. C. 20505	
Typed name of authorized agency official		Phone number, including area code	
Title		Date	
Insurance Officer, Alternate		5 APR 1971	

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
- FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
 - Fill in BOTH COPIES of the form. Type or use ink.
 - Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

X
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE

DATE

16 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
FEB 28 1968
MAR 28 1 22 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM NO. 176-T
JANUARY 1968
(For use only until April 16, 1968)
176-101

SECRET

26 October 1960

MEMORANDUM FOR: Director of Personnel

SUBJECT:

Memorandum in Lieu of Fitness Report

In all this, however, he has offered leadership of a high quality to his staff and has been a fine example of good morale, which is reflected in the attitude of every member of his staff, all of whom respond readily and without complaint to the demands made of them by their surrounding circumstances. deserves to be warmly commended for a job well done.

J.C. King
J. C. KING
Chief

Western Hemisphere Division

REVIEWED BY:

W. Lloyd George for

Chief of Operations, DD/P

SECRET

DE

SECRET
(When Filled In)

25 *[Handwritten initials]* *[Handwritten initials]*

FITNESS REPORT						EMPLOYEE SERIAL NUMBER			
SECTION A GENERAL									
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX		4. GRADE		
					Male		OS-15		
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT			
DI			Chief of Station			DDP/WH/III			
8. CAREER STAFF STATUS				9. TYPE OF REPORT					
<input type="checkbox"/> NOT ELIGIBLE		<input checked="" type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL			
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL			
				<input type="checkbox"/> REASSIGNMENT/SUPERVISOR					
				<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD						
30 April 1959			From 20 Oct 57 - 31 Mar 59 To						
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).									
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent			
5 - Excellent		6 - Superior		7 - Outstanding					
SPECIFIC DUTY NO. 1			RATING NO.		SPECIFIC DUTY NO. 4			RATING NO.	
Direction of FI operations			6		Intelligence evaluation and reporting			6	
SPECIFIC DUTY NO. 2			RATING NO.		SPECIFIC DUTY NO. 5			RATING NO.	
Direction of PP operations			5		Development of working relationship with indigenous leaders and local Americans			6	
SPECIFIC DUTY NO. 3			RATING NO.		SPECIFIC DUTY NO. 6			RATING NO.	
Administration of Station and supervisor of personnel			6		Development of working relationship with Ambassador and other US officials			5	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties; productivity; conduct on job; cooperativeness; pertinent personal traits or habits; particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. <div style="border: 1px solid black; padding: 5px; text-align: center;">5</div>		
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.									
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree	
CHARACTERISTICS				NOT APPLICABLE		NOT OBSERVED		RATING	
								1 2 3 4 5	
GETS THINGS DONE									
RESOURCEFUL									
ACCEPTS RESPONSIBILITIES									
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									
DOES HIS JOB WITHOUT STRONG SUPPORT									
FACILITATES SMOOTH OPERATION OF HIS OFFICE									
WRITES EFFECTIVELY									
SECURITY CONSCIOUS									
THINKS CLEARLY									
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									
OTHER (Specify):									
SEE SECTION "E" ON REVERSE SIDE									

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

[] was assigned to his post at a time when the country was undergoing a revolution which later was successful. He has done an outstanding job in adapting and redirecting the Station's operational program. He has shown initiative, imagination and resourcefulness in developing new operations, both in the FI and PP fields.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Employee is in the field

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

DC/WH

3.

BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

I concur that [] operational performance under difficult conditions has been outstanding. It should also be noted that he has been highly successful at his present post in getting the best out of his staff.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WH

TYPED OR PRINTED NAME AND SIGNATURE

J. C. KING

J. C. King

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item A, of Section A below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION (DI)
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WH/II/DC		6. OFFICIAL POSITION TITLE Area Ops Officer - Branch Chief	
7. GRADE GS-15	8. DATE REPORT DUE IN OP 9 November 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 21 Oct 56 - 20 Oct 57	
10. TYPE OF REPORT (Check one) A. ANNUAL	REASSIGNMENT SUPERVISOR	SPECIAL (Specify)	

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENT(S):

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN C, OR D, A WARNING LETTER HAS BEEN SENT TO HIM AND A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE REASONS (Specify)
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES TO THE	

10. THIS DATE 14 Oct 57	C. [REDACTED]	E OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE ADC/WH
----------------------------	---------------	--

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Period Pos. C-1

Reviewed by FUD

EN
RNDATE
25 OCT
1957

14/3/57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section:

A. THIS DATE 15 Oct 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. G. King	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WH
---------------------------	--	--

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D:

5 INSERT RATING NUMBER.	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE: CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

FORM NO. 45 (Part I)
1 NOV 55REPLACES PREVIOUS EDITIONS
OF FORMS 45 AND 45A WHICH
ARE OBSOLETE.

SECRET

Performance

(4)

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES		OFFICE OF PERSONNEL																									
<p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (as supervisors (those who supervise a secretary only)).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing similar duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR-CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR-CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																									
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																									
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TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR-CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																											
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Direction of Branch	5	Spotting of operational possibilities	6																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Supervision of PI Ops	6	Use of area knowledge	5																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Supervision of PP Ops	5	Working relationship with other U. S. officials	5																								
<p>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</p> <p>DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>This officer has performed in a superior manner during the past year as branch chief.</p> <p>His long experience in the field coupled with a flair for intelligence, sound judgement and an ability to organize and efficiently administer his branch make him a valuable asset to the organization. He has markedly improved in his ability to express himself and in his conduct of PP operations.</p>																											
<p>SECTION B. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</p> <p>DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELS BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>																											
<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>																											

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any portion. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the HQ no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	(DI)
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
DDP/WH/II/DC		Area Ops Ofcr - Branch Chief	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-15	9 Nov 1957	21 Oct 56 - 20 Oct 57	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT - SUPERVISOR	SPECIAL (Specify)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F.

CERTIFICATION

1. FOR THE RATER, I CERTIFY	2. JUDGMENT OF THE INDIVIDUAL BEING RATED
A. THIS DATE	B. OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE
14 Oct 57	ADD/WH
3. I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.	
D. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	E. OFFICIAL TITLE OF REVIEWING OFFICIAL
J. C. King	Chief, WH

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

5	1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: "Has this person the ability to be a supervisor?" ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - I HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
2	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) where contact with immediate subordinates is frequent (First line supervisor)
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	2	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
3		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

SECRET

(When Filled In)

OFFICE OF THE STATION CHIEF

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATEE EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

4. COMMENTS CONCERNING POTENTIAL

He will be an excellent Station Chief where there are both Major and PP responsibilities.

OCT 24 2 38 PM '57

MAIL ROOM

SECTION H. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Senior staffs

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

none

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- CATEGORY NUMBER
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 - 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 - 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 - 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 - 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	4	24. HOLDS WELL UNDER PRESSURE
3	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	5	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
5	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	5	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	5	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS FERTILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any notation. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B. of Section A below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
				M	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION/TITLE		
DD/P/WH/Br. I			Area Ops Officer (Branch Chief)		
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (inclusive dates)			
GS-15	1 November 1956	11 October 1955 - 20 October 1956			
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)	
<input checked="" type="checkbox"/> ANNUAL			REASSIGNMENT-EMPLOYEE		

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.	
2. CHECK (X) APPROPRIATE STATEMENTS:	
<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "S" IN C1 OR D, A WARNING LETTER HAS SENT TO WH'S COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THE INDIVIDUAL HIS STRENGTHS AND WEAKNESSES SO THAT HE IS AWARE OF THEM.	
3. THIS DATE: 7 DEC 1956	4. TYPE: SUPERVISOR
	5. SUPERVISOR'S OFFICIAL TITLE: Deputy Chief/WH
7. FOR THE REVIEWING OFFICIAL: INFORMATION WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.	

BY	DATE
89	5 FEB 1957
Reviewed by: Jm	2-A-57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE: 4 Feb '57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: J. C. King	C. OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief/WH
-------------------------	--	---

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES	
<p>DISPOSITIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.</p>	
<p>5</p> <p>INSERT RATING NUMBER</p>	<p>1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.</p> <p>2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.</p> <p>3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.</p> <p>4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.</p> <p>5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.</p> <p>6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.</p>

COMMENTS:

SECRET

Performance

SECRET

(When Filled In)

OFFICE OF PERSONNEL
FEB 5 2 37 PM '57
MAIL ROOM

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Note performance on each specific duty considering ONLY effectiveness in performance of this specific duty. For supervisors, ability to supervise will always be rated as a specific duty (do not rate supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWINGS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEFERREING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

- | | | |
|---------------------------------|---|--|
| DESCRIPTIVE
RATING
NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| | 3 - PERFORMS THIS DUTY ACCEPTABLY | |
| | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
General Management of Branch	5	Spotting operational possibilities	5
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER
Supervision FI Ops	6	Use of area knowledge	5
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER
Supervision FP Ops	4	Coordination other Branches	5

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Under his supervision the Branch will do a reliable job without higher echelon direction. His administration is efficient. His inability to express himself in clear, and forceful language is a handicap, particularly in connection with briefings.

In addition to his proven competence as an FI officer he is applying with steadily increasing effectiveness his growing knowledge of the conduct of FP operations.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- | | |
|--|---|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">5</div> | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED |
| | 2 - OF DOUBTFUL SUITABILITY... SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW |
| | 3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION |
| | 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION |
| | 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS |
| | 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION |
| | 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY: He has at the same time excellent judgment and displays sound thinking at all times; these characteristics, along with his administrative ability, are his distinguishing qualities.

SECRET

SECRET

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER. Consult current instructions for completing this report.

FOR THE SUPERVISOR. This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. In less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL RATING on the employee, however, it MUST be completed and forwarded to the OC no later than 30 days after the due date indicated in item 8 of Section "F" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION II
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDR/WH/Branch I		6. OFFICIAL POSITION TITLE Area Ops Officer (Branch Chief)	
7. GRADE GS-15	8. DATE REPORT DUE IN OF 4 November 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 11 October 1955 - 20 October 1956	
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)			

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY		BY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED	
A. THIS DATE 7 DEC 1956	B. SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S DESIGNATION TITLE Deputy Chief/WH	
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN A WRITTEN MEMO.			
A. THIS DATE 4 Feb '57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. C. King	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief WH	

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES	
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels on his kind of work.	
RATING NUMBER 3	1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is "frequent" (First line supervisor)		
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	1	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
	2	WHICH CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
3		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF AN OPPOSITE SEX		
		OTHER (Specify)		

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
 30 months

4. COMMENTS CONCERNING POTENTIAL He will be an above-average station chief, particularly in basic FI missions; he is, as a result of his current Hqs. assignment, showing an increasing comprehension of PP matters, and may in the near future have the opportunity to assume strong PP field responsibilities.

OFFICE OF PERSONNEL
 237 PM '57
 MAIL ROOM

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
 FI Staff; however, not in the near future because of the key position he occupies now in this Division.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS
 None of importance.

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
3	3. HAS IMITATIVE	4	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
3	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT EXCESSIVE SUPPORT	5	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBEDIENT	4	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	5	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET
(When Filled In)

FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:
1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current administrative instructions regarding the initiation and transmittal of this report.

TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisor to assure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is essential that throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows what his standards are.

Reviewed by PUD *[Signature]*

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I (To be filled in by Administrative Officer)

1. NAME <i>[Redacted]</i>	2. SEX M	3. CAREER DESIGNATION SD-DI
4. DATE OF ENTRANCE ON DUTY 15 August 1944	5. OFFICE ASSIGNED TO DDP	6. DIVISION WH
7. NATURE OF ASSIGNMENT <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD	8. GRADE GS-0136.01-15	
9. DATE THAT THIS REPORT IS DUE 10 October 1955	10. PERIOD COVERED BY THIS REPORT (Inclusive dates) 16 July 1954 - 10 October 1955	

SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION Branch Chief	2. DATE ASSUMED RESPONSIBILITY FOR POSITION 20 January 1956
3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS: (List in order of frequency): Branch Chief: Under Division Chief, plans and supervises performance of all covert espionage and CE ops, covert political, economic and psychological warfare activities in area of responsibility and the collection of foreign clandestine intelligence in the area. Reviews all projected and current FI and PP operations with desk officers; provides guidance to desk officers on FI and PP ops matters; supervises processing and dissemination of foreign clandestine intelligence information collected in area; makes recommendations to Div. Chief of any change in projects, organization or procedures in order to achieve maximum effectiveness; responsible for general administration and supervision of Branch personnel at Hqs. This officer was Chief of a major station for part of the period under review.	

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report ☒ has ☐ has not ☐ been rated.

DATE *March 20 '56* NAME AND SIGNATURE OF SUPERVISOR *[Signature]*
 (Official next higher in line of authority)

I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)

DATE *March 20, 1956* NAME AND SIGNATURE OF REVIEWING OFFICIAL *[Signature]*
 (Official next higher in line of authority)

SECRET

SECRET
(When Filled In)

SECTION IV

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in most degree to most people. On the right hand side of the page are four major categories of descriptions. The scale within each category is divided into three small blocks; this is to allow you to note finer distinctions if you so desire. Left of the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS		CATEGORIES					
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.							X
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.							X
3. CAUTIOUS IN ACTION.						X	
4. HAS INITIATIVE.						X	
5. UNEMOTIONAL.					X		
6. ANALYTIC IN HIS THINKING.						X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.						X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.							X
9. HAS SENSE OF HUMOR.						X	
10. KNOWS WHEN TO SEEK ASSISTANCE.						X	
11. CALM.					X		
12. CAN GET ALONG WITH PEOPLE.						X	
13. MEMORY FOR FACTS.						X	
14. GETS THINGS DONE.							X
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.							X
16. CAN COPE WITH EMERGENCIES.							X
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.						X	
18. HAS STAMINAL CAN KEEP GOING A LONG TIME.				X			
19. HAS WIDE RANGE OF INFORMATION.						X	
20. SHOWS ORIGINALITY.						X	
21. ACCEPTS RESPONSIBILITIES.							X
22. ADMITS HIS ERRORS.						X	
23. RESPONDS WELL TO SUPERVISION.							X
24. EVEN DISPOSITION.					X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.						X	

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When Filled In

25. CAN THINK ON HIS FEET.
26. COMES UP WITH SOLUTIONS TO PROBLEMS.
27. STIMULATING TO ASSOCIATES; A "SPARK PLUG".
28. TOUGH MINDED.
29. OBERVANT.
30. CAPABLE.
31. CLEAR THINKING.
32. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.
33. EVALUATES SELF REALISTICALLY.
34. WELL INFORMED ABOUT CURRENT EVENTS.
35. DELIBERATE.
36. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.
37. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.
38. THOUGHTFUL OF OTHERS.
39. WORKS WELL UNDER PRESSURE.
40. DISPLAYS JUDGEMENT.
41. GIVES CREDIT WHERE CREDIT IS DUE.
42. HAS DRIVE.
43. IS SECURITY CONSCIOUS.
44. VERSATILE.
45. HIS CRITICISM IS CONSTRUCTIVE.
46. ASLE TO INFLUENCE OTHERS.
47. FACILITATES SMOOTH OPERATION OF HIS OFFICE.
48. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.
49. GOOD SUPERVISOR.

SECCIÓN V

4. WHAT ARE HIS OUTSTANDING STRENGTHS?

Serious approach and dedication to duties. General level of professional competence in FI and CI fields.

2. WHAT ARE HIS OUTSTANDING WEAKNESSES?

His extent of comprehension of FP activities is a weakness only in the sense that his field duties have not offered sufficient opportunity to develop his presumed capability in this field to the point it would compare favorably with his FI ability.

SECRET

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(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:
Strength: General reliability.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY? MAR 22 9 34 AM '56

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?
Advance PP.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):
His attention to duty has been manifested in steady improvement in regard to major objectives and in a commendable increase of station assets.

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- ☐ 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- ☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- ☐ 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- ☒ 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- ☐ 6. PERFORMS HIS DUTIES TO SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.
- ☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRRked BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- ☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- ☐ 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- ☐ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.
- ☐ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... DARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.
- ☒ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

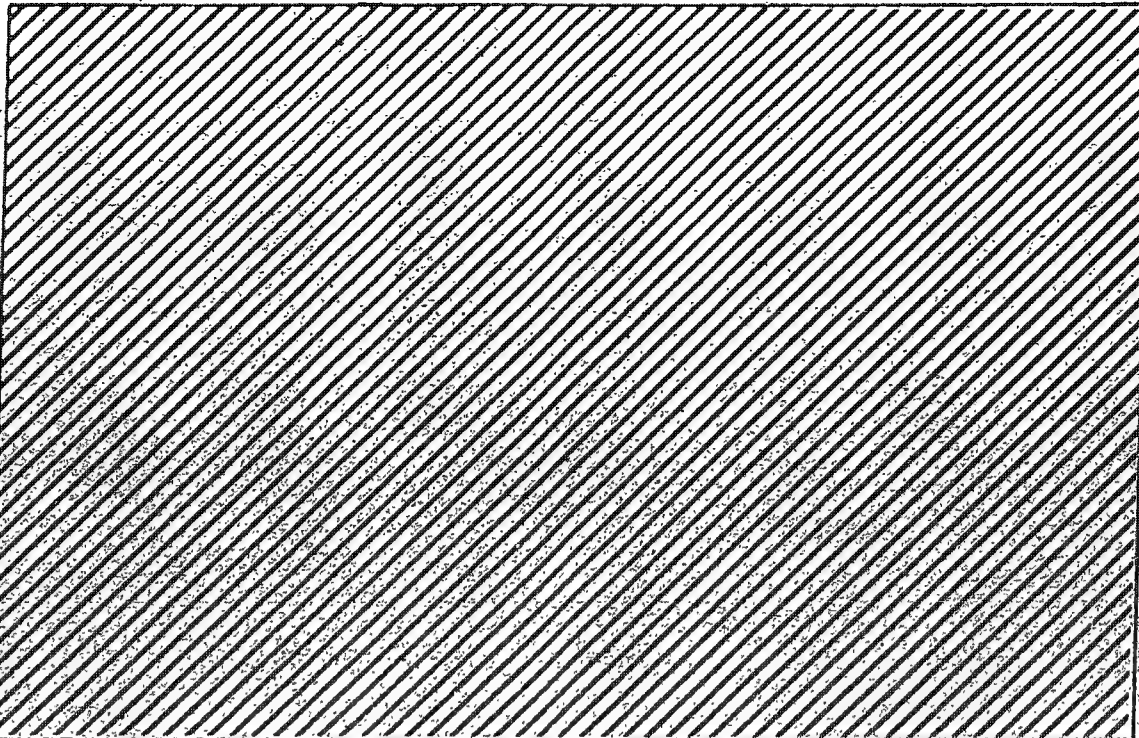
- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- ☒ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- ☐ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- ☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- ☐ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- ☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- ☐ 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- ☐ 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- ☐ 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.
- ☐ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- ☒ 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.
- ☐ 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.

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NAME OF EMPLOYEE (Last-First-Middle)

NAME AND RELATIONSHIP OF DEPENDENT*

CLAIM NUMBER

67-0415

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 8 August 1966.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

2 December 1966

SIGNATURE OF BSD REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME	DATE (from item 3.1)	NAME OF SUPERVISOR (true)	DATE (from item 3.2)
	18 Feb. 1963		
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7a. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
	GS-16	Chief of Station	23 September 1961
4. SERVICE DESTINATION (if known)	5. CURRENT STATION OR FIELD BASE		7b. EXPECTED DATE OF DEPARTURE
			about 10 June 1964
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7c. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
Chief of Station. Overall responsibility for all KUBARK operations and activities in country of assignment.			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
Return to post for second tour following home leave.			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to Catalog of Courses, if available):			
None at this time.			

SECRET

~~DO NOT COMPLETE~~

SECRET

3 SEP 1963

MEMORANDUM FOR: Director of Personnel

VIA: Deputy Director (Plans)

SUBJECT: Admission

1. An analysis of the compromise and arrest of Agency personnel [redacted] originally made by the Chief, Operational Services, and since confirmed by a review committee, assigns to SI Division responsibility for command failures in control and supervision of a sensitive operation. I find that the following officers, by reason of the official assignments they then held, could or should have exercised such control and supervision:



2. This memorandum constitutes an official admission to the above officers, and will be included in their personnel files.

/s/ J. C. King

J. C. KING
Chief

Western Hemisphere Division

DDP/BA-C/WH, [redacted]

Distribution:

Orig & 1 - Addressee

1 - ea Personnel File

1 - DD/P

SECRET

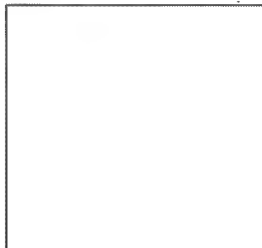
23 January 1959

MEMORANDUM FOR: ✓

SUBJECT: Commendation for Extraordinary Performance of Duties.

1. It is with great personal satisfaction that I have reviewed the performance of members of this Division and, in particular, your own, during the recent crisis . I fully concur with your commendation of various members of your staff, and I am having it made a matter of record in the personnel folder of each employee, together with a supporting comment from the Division. In addition, I wish to single out your own outstanding performance. You have justified our highest estimate of your qualifications at the time of your selection as Chief of Station . Your consistently sound and intelligent evaluation of the situation, courageous and objective proposals for action, extensive coverage of the various groups involved, immediate and comprehensive reporting, dedication to duty, and leadership, are among the major ingredients of your success.

2. Now that the military phase of the crisis is over, although the political one may linger long, I wish to thank you and the following members of your staff for a superior performance which has been a great credit to all concerned:



W. King
W. C. KING
Chief, WDC

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COPY

DEPARTMENT OF STATE
Washington

Bureau of Inspection, Security and Consular Affairs

In reply refer to
51

31 March 1954

My dear Mr. Dulles:

I should like to express my appreciation to you for the security assistance furnished by your representatives during the Tenth Inter-American Conference at Caracas, Venezuela. Colonel J. C. King, the Head of your Latin American Division [redacted] were a tremendous help to us in carrying out our security arrangements for the Conference and for the protection of the Secretary and Conference Delegates.

Colonel King was most cooperative and assisted us greatly during the initial planning of the security and throughout the Conference. The cooperation and advice of [redacted] was an invaluable service. Through [redacted] knowledge and contacts our work was greatly facilitated. He consistently made available his time, equipment and the facilities of his office and maintained a close working relationship with our security representatives in Caracas.

Please accept my thanks for the assistance of Colonel King [redacted] and for a job well done.

Sincerely yours,

(Sgd.) Scott McLeod
Administrator

The Honorable
Allen Dulles
Director,
Central Intelligence Agency,
Washington, D. C.

(Original in 201 file of J.C. King)

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21 January 1954

MEMORANDUM FOR: CWH

File

SUBJECT : Reference to [redacted] by William I. Clark,
Assistant Director U.S.I.A. for Latin America.

During the briefing of CIA personnel conducted by William I. Clark, Assistant Director of U.S.I.A. for Latin America, on 14 January 1954, he twice referred to the excellent cooperation between our Chief of Mission at Caracas, [redacted] and the P.A.O., which he characterized as exemplary and a model for all other stations.

[Signature]
CWP/WI

Distribution:

Original and 1: Addressee

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✓✓

PLEASE READ INSTRUCTION SHEET BEFORE PREPARING THIS FORM											
STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE						OFFICE OSO		DIVISION WHD			
						BRANCH I		SECTION			
I. FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)											
AGENCY	LOCATION	FROM			TO			TOTAL SERVICE			
		DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.	
Department of State (FS)	Washington, D.C.	26	Jan	1931	15	Aug	1944	19	6	13	
OSS, SM , CIO, CIA	Washington, D.C.	15	Aug	1944	3	12	5				
Total Civilian Service								6	11	20	
II. MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)											
BRANCH OF SERVICE	FROM			TO			TOTAL SERVICE				
	DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.		
NONE											
Total Military Service											
III. CERTIFICATION											
I hereby certify that the above Civilian and Military Service is true and accurate to the best of my knowledge.						Date					
14 August, 1952						Signature of Employee					
DATE											
IV. REMARKS (CONCERNING ABOVE SERVICE)						V. FOR PERSONNEL OFFICE USE ONLY					
and of 3/1/51						TOTAL CREDITABLE SERVICE					
						DAYS		MONTHS		YEARS	
						6		11		20	
MAY BE CONTINUED ON NON-DETACHABLE REVERSE SIDE											

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, FBT

DATE: 30 June 1949

FROM : Commo

SUBJECT: Training

[redacted] was given the training course, "Basic Familiarization in Sound and Surveillance Equipment."

This training was given on June 28, 1949 in the Commo Demonstration Room, 1003A "L" Building and was of two hours duration.

[redacted]

file m-6

SECRET
SECURITY INFORMATION

MAR 20 1952

MEMORANDUM FOR: THE SECRETARY OF STATE

ATTENTION : Mr. W. Park Armstrong, Jr.

SUBJECT :

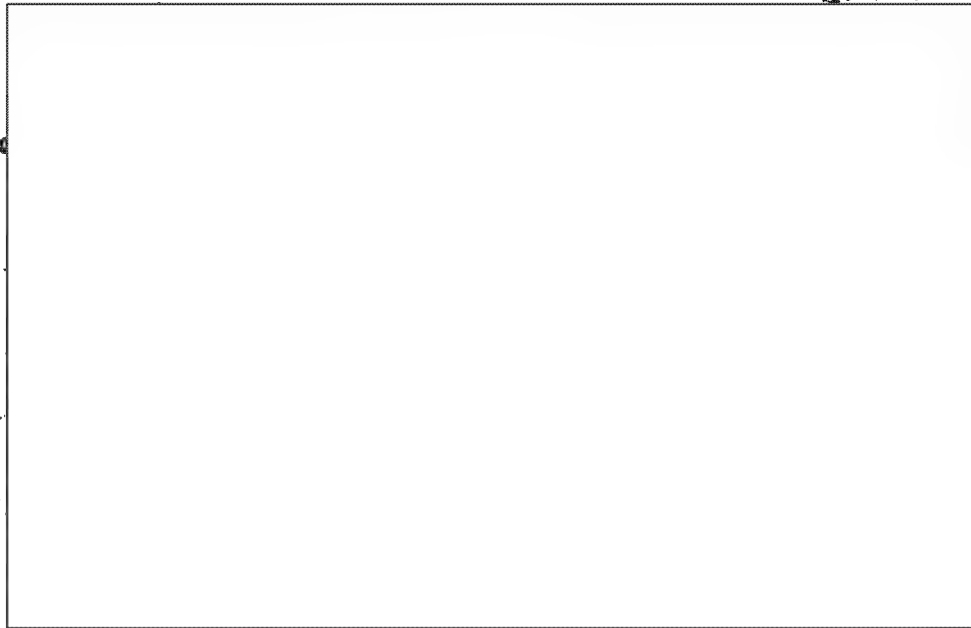
REFERENCE : Appendix E-4 to Memorandum of 23 November 1951
Subject, Representation in Foreign Service
Missions

ENCLOSURES : a. Application Forms 57 and DAP-36
b. Medical Forms 88 and 89
c. Occupational History Supplement

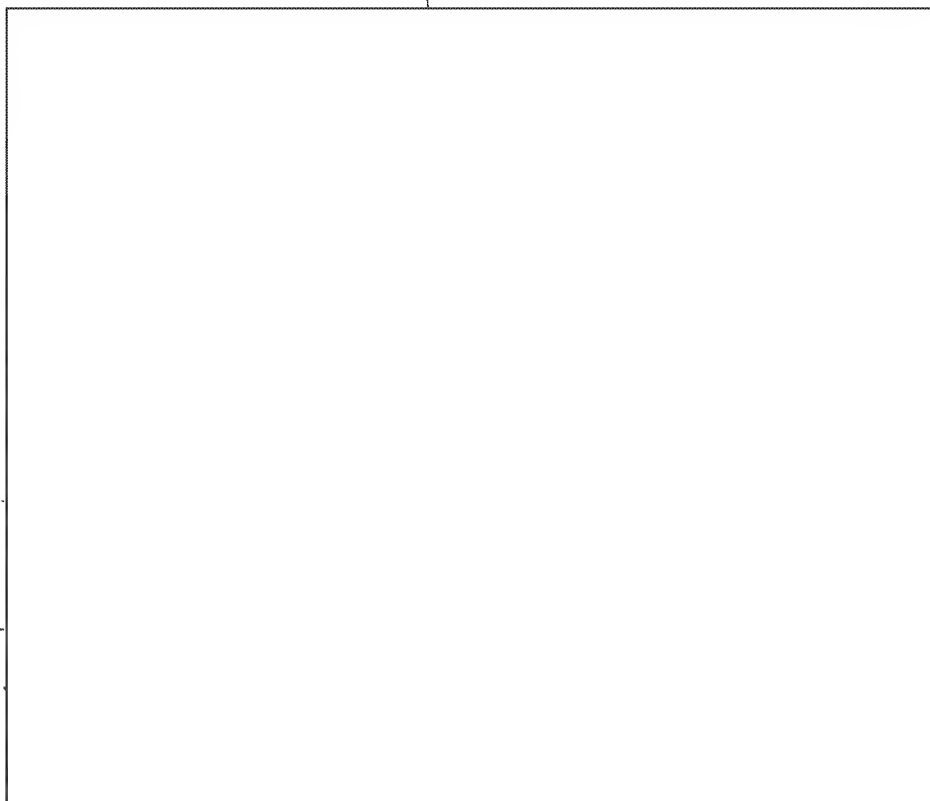
3. It is requested that subject arrive at his destination on or about 15 May 1952.

By: Richard Bales
for
LYMAN D. KIRKPATRICK
Assistant Director

~~SECRET~~
SECURITY INFORMATION



~~SECRET~~
SECURITY INFORMATION



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(When Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EM		
----	--	--

SECTION II EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------	--------------------------------	--------------------------	--

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/OTR HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)

3. DATE OF BIRTH 4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION 6. PRESENT EMPLOYER

7. CITIZENSHIP 8. FORMER CITIZENSHIP(S) COUNTRY(IES) 9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

FORM 444n
2-66

SECRET

1.0000
Excluded from automatic
downgrading and declassification

15 AUG 1968

SECRET

(When Filled In) P. 1 of 1

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR PERIOD OF KNOWLEDGE	DATE OF ACQUISITION	KNOWLEDGE ACQUIRED BY: (CHECK (X))			
				DEFENSE	TRAVEL	STUDY	OTHER ASSIGNMENT
1.		MAIL ROOM					
2.							

SECTION VI TYPING AND STENOGRAPHIC SKILLS	
1. TYPING (WPM)	2. SHORTHAND (WPM)
3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM	
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:	

SECTION VII SPECIAL QUALIFICATIONS
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.

SECTION VIII MILITARY SERVICE	
CURRENT DRAFT STATUS	
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?	2. NEW CLASSIFICATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS.	4. IF DEFERRED, GIVE REASON
MILITARY RESERVE, NATIONAL GUARD STATUS	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG	
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD	
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK
3. EXPIRATION DATE OF CURRENT OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY	
<input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (Active) <input type="checkbox"/> STANDBY (Inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED	
5. MILITARY MOBILIZATION ASSIGNMENT	6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or As Civilian)	
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION
DATE COMPLETED	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> AGENCY-SPONSORED	

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP
		FROM TO
1.		
2.		
3.		

SECTION X REMARKS

DATE	SIGNATURE
2 May 1968	

SECRET

OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

SECTION I

BIOGRAPHIC AND POSITION DATA

1 EMP SER NO	2 NAME (Last First Middle)	3 SEX	4 DATE OF BIRTH	5 SERVICE GRADE STEP
				GS--16-05
6 SO	7 POSITION TITLE	8 OFFICE OF ASSIGNMENT	9 LOCATION (Country City)	
D	CHIEF OF BASE			

SECTION II

AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
	PCS :CC	47/09/18	49/07/61
	PCS :CC	49/08/01	52/08/61
	PCS :VV	52/09/03	55/12/62
	TDY :CC	55/06/01	56/07/61
	TDY :CC	57/02/01	57/02/61
	TDY :CC	57/11/01	57/12/61
	PCS :VV	58/09/04	61/01/67
	PCS	61/09/21	66/07/09

OVERSEAS DATA

CODED

DATE: INITIALS:

29 Jun 67 TMS

SECTION III

EDUCATION

DEGREE	MA OR FIELD	COLLEGE	YEAR
NO COLLEGE DEGREE ON RECORD			
NO COLLEGE DEGREE			

FORM 1-67 444J Mfg 2-67

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

67 JUL ENTD

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SECRET

(When Filled In)

SECTION III		EDUCATION (Cont'd)				
HIGH SCHOOL						
LAST HIGH SCHOOL ATTENDED		ADDRESS (City, State, Country)		YEARS ATTENDED From To		GRADUATE
San Diego Senior High School		San Diego, California		1927-29		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	THESIS (Specify)
	MAJOR	MINOR				
1. NONE						
2.						
3.						
4.						
5. IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.						
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DATE: 10/1/50 PLACE ORIGINAL ONLY NONE </div>						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1. NONE						
2.						
3.						
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1. NONE						
2.						
3.						
4.						
5.						
AGENCY-SPONSORED EDUCATION						
Specify which, if any, of the education shown in Section III was Agency sponsored						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1. NONE						
2.						
3.						
4.						
5.						

SECRET

SECRET

(When Filled In)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			CHECK IN WORK ASSIGNMENT
				PCN OFFICE	TRAVEL	STUDY	
	Political, economic, topographic, cultural	Jan. 1944 to Aug. 1944		X			X
	Political, economic, topographic, cultural	Sept. 1944 to Feb. 1946		X			X
	Political, economic, topographic, cultural	Apr. 1947 to May 1949		X			X
	Political, economic, cultural	Aug. 1949 to Dec. 1951		X			X
	Political, economic, cultural	Apr. 1952 to Dec. 1955		X			X
	Political, economic, topographic, cultural	Sept. 1958 to Jan. 1961		X			X
	Political, economic, topographic, cultural	Sept. 1961 to July 1966		X			X

SECTION V TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (WPM) 60	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED. CHECK (X) APPROPRIATE ITEM. <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> SIENOTYPE <input type="checkbox"/> OTHER SPECIFY:	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (complanator, micrograph, card punch, etc.) NONE			

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. Collector contemporary Spanish art	
2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS, and also CW speed, landing & clearing, OFFSET PRESS, TURRET LATHE, EDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES None	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PHOTO ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registry number if known)	5. FIRST LICENSE/CERTIFICATE (year of issue) 6. LATEST LICENSE/CERTIFICATE (year of issue)
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. Do NOT submit copies unless requested. INDICATE THE TITLE, PUBLICATION, DATE, AND TYPE OF WRITING (non-fiction or scientific articles, general interest subjects, nature short stories, etc.) NONE	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED NONE	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE NONE	

SECRET

When Filled In

SECTION VII			
MILITARY SERVICE			
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		2. SELECTIVE SERVICE CLASSIFICATION	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc. - specify) NONE		2. BRANCH OR CORPS FROM TO	
3. DATES OF SERVICE (extended active duty) FROM TO		4. STATUS (Regular, Reserve, etc. - specify)	
5. RANK, GRADE OR RATE at separation if past service:		6. SERIAL, SERVICE OR FILE NUMBER	
7. CHECK TYPE OF SEPARATION: <input type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RETIREMENT FOR SERVICE <input type="checkbox"/> UNIQUE HARDSHIPS <input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RETIREMENT FOR AGE <input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY			
8. BRIEF DESCRIPTION OF MILITARY DUTIES (Record the duties and skills which best describe your work or function in the military service) NONE			
MILITARY RESERVE, NATIONAL GUARD STATUS			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG: <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD NONE			
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT AT CURRENT RANK	
3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION			
4. CHECK CURRENT RESERVE CATEGORY: <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED			
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (Record the duties and skills which best describe your work or function in the military service) NONE			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT, IDENTIFY THE UNIT AND ITS ADDRESS. NONE			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	
1. NONE			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
			RESIDENT
			CORRESPONDENCE
2.			AGENCY SPONSORED
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4.			RESIDENT
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5.			AGENCY SPONSORED
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			CORRESPONDENCE
			AGENCY SPONSORED
			RESIDENT

SECRET

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(When Filled In)

SECTION IX		MARITAL STATUS	
1. PRESENT STATUS <small>(Single Married Widowed Separated Divorced Annulled Remarried SPECIFY)</small> NO CHANGE			
2. NAME OF SPOUSE <small>(Last First Middle Maiden)</small>			
3. DATE OF BIRTH	4. PLACE OF BIRTH <small>(City State Country)</small>		
5. OCCUPATION	6. PRESENT EMPLOYER		
7. CITIZENSHIP	8. FORMER CITIZENSHIPS COUNTRIES	9. DATE U. S. CITIZENSHIP ACQUIRED	

SECTION X DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
			USA	
			USA	

SECTION XI PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		
NAME AND CHAPTER	ADDRESS <small>(Number Street City State Country)</small>	DATE OF MEMBERSHIP
		FROM TO
American Foreign Service Association	Wash. D.C. ASSIGNED October 1966.	

DATE	SIGNATURE OF EMPLOYEE
8 May 1967	

SECRET

(When Filled In)

PERSONNEL NO.		CERTIFICATION FOR LANGUAGE AWARD				LG NO.	
1.						739	
2. CAREER STATUS YES		4. SS FI		5. COMPONENT WHB/ENGLISH II			
6. LANGUAGE SPANISH		CODE 120		7. DATE OF TEST (Month, Day, Year) APRIL 1, 1958		8. ANNIVERSARY DATE (Month, Day, Year) April 25, 1957	
9. READING H		WRITING I		PRONUNCIATION		SPEAKING	
10. APPROPRIATE LEVEL		COMPREHENSIVE		SPECIALIZED-READING		SPECIALIZED-SPEAKING	
ELEM.		INTER.		HIGH		NOT QUALIFIED AT ANY LEVEL	
11. I CERTIFY THAT THE ABOVE NAMED EMPLOYEE IS ELIGIBLE FOR THE AWARD INDICATED, HAVING MET ALL THE REQUIREMENTS FOR SAID AWARD.		12. TYPE OF AWARD		13. I CERTIFY FUNDS ARE AVAILABLE			
		14. 15. 16. 17. 18. 19. 20.		OBLIGATION REF. NO. SIGNATURE			
DATE		SIGNATURE		AMOUNT OF AWARD		CHARGE ALLOTMENT NO.	
				\$100.00		DATE	
14. FEDERAL TAX DEDUCTION		\$		15. EMPLOYEE PAYROLL NO.			
16. STATE/DC TAX DEDUCTION		\$		17. ALLOTMENT OF ASSIGNMENT			
18. NET AMOUNT OF AWARD PAID		\$		19. CHECK NUMBER ISSUED		DATE	
20.							

(46)

SECRET
(When Filled In)

**PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT**

THIS DATE

SEP

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

1. FULL NAME (Last, First, Middle)

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DIVISION

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SECTION III

MARITAL STATUS

1. CHECK (X) ONE: ☐ SINGLE ☒ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED ☐ ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

none

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958

14. CITIZENSHIP (Country) U.S.A.	15. DATE ACQUIRED birth	16. WHERE ACQUIRED (City, State, Country) birth in U.S.
17. OCCUPATION Housewife	18. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) N.A.	
19. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country) N.A.		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR
N.A.

22. BRANCH OF SERVICE
N.A.

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
N.A.

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN
Clerk in U.S. Consulate, Ensenada, B.C., Mexico, from 1935-37.

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) NONE	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☒ YES ☐ NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☒ NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.
None

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2							
B. REPORTING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS							
NAME OF INSTITUTION				ADDRESS (City, State, Country)			
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?				YES		<input checked="" type="checkbox"/> NO	
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)							
N.A.							
SECTION VI: CITIZENSHIP							
1. COUNTRY OF CURRENT CITIZENSHIP		2. CITIZENSHIP ACQUIRED BY - CHECK (IN) ONE:					
United States		<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify)					
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?		4. GIVE PARTICULARS					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)							
SECTION VII: No changes since 2011				EDUCATION			
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED:							
LESS THAN HIGH SCHOOL GRADUATE				OVER 120 YEARS OF COLLEGE, NO DEGREE			
<input type="checkbox"/>				<input type="checkbox"/>			
HIGH SCHOOL GRADUATE				BACHELOR'S DEGREE			
<input type="checkbox"/>				<input type="checkbox"/>			
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE				GRADUATE STUDY LEADING TO HIGHER DEGREE			
<input type="checkbox"/>				<input type="checkbox"/>			
TWO YEARS COLLEGE OR LESS				MASTER'S DEGREE		DOCTOR'S DEGREE	
<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
2. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QUA HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS			
		FROM	TO				
4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS			
		FROM	TO				
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE							

SECRET

SECRET
(When Filled In)

SECTION VIII GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Mexico	Political, economic, terrain, people	Jan. 1931 to Aug. 1944				X

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE
Mexico - duty with U.S. Foreign Service, State Department.

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY:

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING
	Terrain, indigenous psychology, pol. parties	Sept. 1944 thru Feb. 1947		X	
	Terrain, pol. personalities, economic sit.	April 1947 thru April 1949		X	
	Political parties & personalities	August 1949 thru November 1951		X	
	Political parties & personalities, industries	September 1952 to Nov. 1955		X	
	Pol. parties & figures	June-July 56 Feb. 1957	X TRY		

SECTION IX TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (R.P.M.) 60	2. SHORTHAND (R.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		GREGG	SPEEDWRITING	OTHER (Specify)
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)				
SECTION X SPECIAL QUALIFICATIONS				
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH <p align="center">No changes since last report.</p>				
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK <p align="center"> </p>				
3. EXCLUDING EQUIPMENT NOTED IN SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.				
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.				
5. FIRST LICENSE OR CERTIFICATE (Year of issue)		6. LATEST LICENSE OR CERTIFICATE (Year of issue)		

SECRET

SECRET
(When Filled In)

SECTION X CONTINUED FROM PAGE 8

1. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
April 1947 to April 1949	GS-12	DDP/ WH Division
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
2	Chief of Station, [redacted]	
6. DESCRIPTION OF DUTIES		
Responsibility for the administration and operations of a field station. Established and maintained relations with other U.S. officials and agencies. Agent development and handling.		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
August 1949 to Nov. 1951	13-14	DDP/ WH Division
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
8	[redacted]	
6. DESCRIPTION OF DUTIES		
Chief of Station. Supervision of all station activities. Planning and execution of field operations. Maintenance of liaison with Ambassador and other U.S. officials. Agent handling.		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Sept. 1952 to Nov. 1955	14-15	DDP/ WH Division
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
10	Chief of Station, [redacted]	
6. DESCRIPTION OF DUTIES		
Chief of Station. Supervision of all station activities. [redacted] Liaison with Amb. & other U.S. agencies. Planning & execution of field ops. Agent handling.		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
January 1956-June 1957	GS-15	DDP/WH Division, Branch I
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
21	Chief of Branch	
6. DESCRIPTION OF DUTIES		
[redacted] Consulting senior staff & other components; briefing of Ambassadors & other officials.		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 3, 1957 to date	GS-15	DDP/WH Divisio, Branch II
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
from 20 to 25	Chief of Branch	
6. DESCRIPTION OF DUTIES		
As indicated in 4 above [redacted] Responsible to Division Chief for efficient handling of op matters relating to [redacted]		

SECRET

(When Filled In)

OFFICE OF 21

SECTION XII		CHILDREN AND OTHER DEPENDENTS				
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.		2				
2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.		1				
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS						
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
	wife	1911		x	U.S.	
	son	1948	x		U.S.	same
	son	1951	x		U.S.	same
ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS						
Continuation Section VIII, 3.						
In addition to the countries listed, I have traveled on TDY assignments to:						
<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; width: 150px; height: 100px; margin-right: 10px;"></div> <div> <p>January 1953</p> <p>Aug. 7 1955</p> <p>Nov. 1953 and in Nov. 1956</p> <p>May 1948</p> <p>May 1948</p> <p>July 1956</p> <p>various during period Sept. 52-Nov. 55.</p> </div> </div>						
I have visited or transited every country of the Western Hemisphere						
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> <div style="border: 1px solid black; width: 150px; height: 60px;"></div> </div>						
DATE COMPLETED 12 October 1957						

STANDARD FORM 57 NOV 1947 U S CIVIL SERVICE COMMISSION		AI APPLICATION FOR FEDERAL EMPLOYMENT																																					
<p>INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type name or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an ORAL WRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>																																							
<p>1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR</p> <p>2. OPTION: (if mentioned in examination announcement)</p> <p>3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) Foreign Service</p> <p>4. DATE OF THIS APPLICATION 10 Mar. 1952</p>		<p>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> APPROV.</td> <td style="width: 33%;"><input type="checkbox"/> MATERIAL SUBMITTED</td> <td style="width: 33%;"><input type="checkbox"/> ENTERED REGISTER</td> </tr> <tr> <td><input type="checkbox"/> RECALL APPROV.</td> <td><input type="checkbox"/> RETURNED</td> <td></td> </tr> </table> <p>NOTATIONS: _____</p> <p>APP. REVIEW: _____</p> <p>APPROVED: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OPTION</th> <th style="width: 15%;">GRADE</th> <th style="width: 15%;">EARNED RATING</th> <th style="width: 15%;">PREFERENCE</th> <th style="width: 15%;">AUGM. RATING</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 5 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WIFE OR WIDOW</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DEAF</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td></td> </tr> </tbody> </table> <p>INITIALS AND DATE: _____</p>		<input type="checkbox"/> APPROV.	<input type="checkbox"/> MATERIAL SUBMITTED	<input type="checkbox"/> ENTERED REGISTER	<input type="checkbox"/> RECALL APPROV.	<input type="checkbox"/> RETURNED		OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING				<input type="checkbox"/> 5 POINTS					<input type="checkbox"/> 10 POINTS					<input type="checkbox"/> WIFE OR WIDOW					<input type="checkbox"/> DEAF					<input type="checkbox"/> BEING INVESTIGATED	
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			<input type="checkbox"/> BEING INVESTIGATED																																				
<p>12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>13. (A) HEIGHT WITHOUT SHOES: 6 FEET 0 INCHES</p> <p>(B) WEIGHT: 200 POUNDS</p>		<p>16. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE: FBS-4 \$6,990. May 2, 1949</p>																																					
<p>15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ _____ PER YEAR</p> <p>You will not be considered for any position with a lower entrance salary.</p> <p>(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR:</p> <p><input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS</p> <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.</p> <p>(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:</p> <p><input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p>		<p>(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:</p> <p><input type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES</p> <p><input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES</p> <p>(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS: _____</p>																																					
<p>18. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, military, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.</p> <p>(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.</p> <p>(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."</p>																																							
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<p>DESCRIPTION OF YOUR WORK: I left the Foreign Service in Dec. 1951 with the intention of entering private business in California in company with my oldest brother and other close relations. A few months trial convinced me that I would not be happy away from foreign service work, in which I have spent my entire adult life, and I therefore am anxious to return to government foreign service as soon as it is possible for me to do so.</p>																																							

(CONTINUED ON NEXT PAGE)

16-52546-2

IN CONTINUED

Continued from page 1

Continued from page 1

Application for Federal Employment

<u>Date of Employment</u>	<u>Exact Title of Position</u>	<u>Salary</u>
Jan. 1931 to Oct. 1938	Vice Consul	Starting: \$1,800. p.a. Final 2,000. p.a.

<u>Place of Employment</u>	<u>Name of Immediate Supervisor</u>
Ensenada, Mexico	Wm. A. Smale, Consul

<u>Name and Address of Employer</u>	<u>Reason for Leaving</u>
State Department, Foreign Service	transfer to Mazatlan

Number and kind of employees supervised

Two consular clerks

Description of Work

General consular work including shipping services, visas, passports, welfare and protection, agricultural reporting, drafting of replies to trade inquiries.

⑤ DATES OF EMPLOYMENT (month, year) FROM Oct. 1938 TO Aug. 1944		EXACT TITLE OF YOUR POSITION Vice Consul		CLASSIFICATION (if in Federal Service) GS-11		SALARY OR EARNING STARTING 2,250 PER MONTH FINAL 3,000	
PLACE OF EMPLOYMENT (city and State) (MEXICO) Mazatlan and Guadalajara		NAME AND TITLE OF IMMEDIATE SUPERVISOR Rufus H. Lane, Jr. and Maurice L. Stafford, NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance company, manufacture of books, etc.) government		REASON FOR LEAVING transfer to Bilbao			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) State Department, Foreign Service		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 2 minor at Mazatlan, 4 at Guadalajara		DESCRIPTION OF YOUR WORK consular officer in charge of all immigration work at these two consulates, as well as shipping, notarial services, passport and citizenship work, welfare and protection activities; also engaged in economic and political reporting at these posts. In charge of both consulates for prolonged periods during absence of principal officer.			
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.							
17. MILITARY TRAINING. In the space below, describe any training received in the Armed Forces (not already listed under item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received; such as hours per week. Detailed information regarding any special service schools you attended is especially important. (State page may be used to give full description.)							
DATES FROM TO		LOCATION		DESCRIPTION OF TRAINING			
		NONE					
18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12 (12)							
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL							
(A) NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED San Diego Senior High School, San Diego, Calif.				(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED History, Economics, commercial law, Spanish			
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY NONE				DEGREES COMPLETED DATE ATTENDED TO YEARS COMPLETED DEGREE COMPLETED FROM TO DAY NIGHT TITLE DATE			
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS NONE				LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS			
(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT NONE				SUBJECTS STUDIED DATES ATTENDED TO YEARS COMPLETED FROM TO DAY NIGHT			
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES		READING SPEAKING UNDERSTAND YES GOOD FAIR POOR YES GOOD FAIR POOR YES GOOD FAIR POOR		20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES IN REPLY (1) NAME OF COUNTRY (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e.g., military service, business, education, recreation)			
Spanish		YES GOOD FAIR POOR YES GOOD FAIR POOR YES GOOD FAIR POOR		21. GIVE ANY SPECIAL QUALIFICATION NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (A) YOUR MOST IMPORTANT PUBLICATIONS (do not include copies unless requested) (B) PATENTS OR INVENTIONS			

FORM DSF-54
1-26-51

DEPARTMENT OF STATE

APPLICATION FOR FOREIGN SERVICE
AND DEPARTMENTAL EMPLOYMENT
(Use with Standard Form 57)

If more space is required, use additional sheets of paper.
Write on each sheet your name, address and date of birth.
Identify each item, and attach to this application.

BUFG. RAU NO. 47-8072-2
APPROX. EXPIRES August 31, 1956

1. a. NAME (Print)

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

☒ FOREIGN SERVICE ONLY

☐ FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

San Diego, California

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57)

Not applicable

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? ☐ YES ☒ NO

b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? ☐ YES ☒ NO
(Give details, if answer is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances)

\$

PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF SPOUSE (if wife, give

b. DATE OF BIRTH

c. PLACE OF BIRTH

d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

not applicable

e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

not applicable

9. NAMES OF DEPENDENTS

RELATIONSHIP

DATE OF BIRTH

WILL RESIDE WITH YOU OVERSEAS

YES

NO

X

X

X

10.
11.
12.

FATHER

☐ YES ☒ H.A. ☐ NO

MOTHER

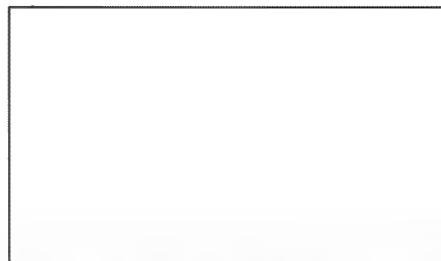
☐ YES ☒ H.A. ☐ NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? ☒ YES ☐ NO

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

I was employed in the Foreign Service of the State Department from January 26, 1931 to December 1951.

NAME		DATE OF BIRTH	ADDRESS	
None				
13. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES				
14. FOREIGN LANGUAGES (Indicate your fluency, i.e. Excellent, Good, Fair)				
Rate and indicate the extent of your competence, i.e. Excellent, Good, Fair				
A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Excellent	Good	Good	Excellent
15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS				
A. BUSINESS B. EMPLOYMENT C. MILITARY				
U.S. Foreign Service from Jan. 26, 1931 to Dec. 1951.				
16. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS				
DATE				
CITY				
STATE OR COUNTRY				
IF "NO," STATE INFORMATION REQUESTED BELOW:				
NAMES OF CREDITORS		DOWNSIDE		DATES ON WHICH OBLIGATIONS WERE CONTRACTED
None				
17. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57				
18. PRESENT MILITARY STATUS				
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION				
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR RESERVE NUMBER, YOUR ORDER NUMBER, UNIT AND HEADQUARTERS.				
19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN, INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.				
None				
20. HAVE YOU EVER BEEN IN THE CIVIL SERVICE RETIREMENT SYSTEM? Subject to C.S. Retirement Act			21. SOCIAL SECURITY NUMBER, IF ANY:	
22. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 39 of Form 57 or on a separate sheet, any additional appropriate information considered.				
DATE		SIGNATURE		
March 10, 1952		S15M4795		



Application for Federal Employment

Date of Employment Jan. 1931 to Oct. 1938 Exact Title of Position Vice Consul Salary
Starting: \$1,800. p.a.
Final 2,000. p.a.

Place of Employment Ensenada, Mexico Name of Immediate Supervisor Wm. A. Smaile, Consul

Name and Address of Employer State Department, Foreign Service Reason for Leaving transfer to Mazatlan

Number and kind of employees supervised

Two consular clerks

Description of Work

General consular work including shipping services, visas, passports, welfare and protection, agricultural reporting, drafting of replies to trade inquiries.

Jan. ...thru NOEL
... ..

⑤ DATES OF EMPLOYMENT (month, year) FROM Oct. 1933 TO Aug. 1944		EXACT TITLE OF YOUR POSITION Vice Consul		CLASSIFICATION (if in Federal Service)		SALARY OR EARNINGS STARTING \$ 2,250 PER MONTH FINAL 3,000	
PLACE OF EMPLOYMENT (city and State) (MEXICO) Matatlan and Guadalajara				NAME AND TITLE OF IMMEDIATE SUPERVISOR Rufus H. Lane, Jr. and Maurice L. Stafford, Consuls			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) State Department, Foreign Service				NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, retail, manufacture of goods, etc.) government			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 2 cons. clerks				REASON FOR LEAVING transfer to Bilbao			
DESCRIPTION OF YOUR WORK consular officer in charge of all immigration work at these two consulates, as well as shipping, notarial services, passport and citizenship work, welfare and protection activities, also engaged in economic and political reporting at these posts. In charge of both consulates for prolonged periods during absence of principal officer.							
If more space is required, use a continuation sheet (Standard Form No. 54) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.							
17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service in which you attended is especially important. (Extra space may be used to give full descriptions.)							
DATES FROM TO		LOCATION		DESCRIPTION OF TRAINING			
				None			
18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12							
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION IN: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL							
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY				(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED San Diego Senior High School, San Diego, Calif.			
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS None				(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED History, Economics, commercial law, Spanish			
(E) OTHER TRAINING (SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (know name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT) None				DATES ATTENDED YEARS COMPLETED DEGREES CONFERRED FROM TO DAY NIGHT TITLE DATE			
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES				20. IF YOU HAVE OR HAVE YOU BEEN A LICENSED OR CERTIFIED MEMBER IN ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (GIVE KIND OF LICENSE AND STATE, FIRST LICENSE OR CERTIFICATE (YEAR), LATEST LICENSE OR CERTIFICATE (YEAR))			
Spanish: <input checked="" type="checkbox"/> READING <input checked="" type="checkbox"/> SPEAKING <input checked="" type="checkbox"/> UNDERSTANDING							

X.

24 PREFERENCE. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 14 (EXPERIENCE).

SECTION 2 - CHECK ONE BOX ONLY

25. INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

25. HAVE YOU EVER BEEN MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER OR QUALIFICATIONS ETC?

X

26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

X

27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?

X

28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?

X

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE USE OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF STATE, TERRITORY OR FEDERAL GOVERNMENT OF THE UNITED STATES BY UNION OR OTHER MEANS?

X

If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

30. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONFINED IN COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR COMMITTED, TRIED, OR IMPRISONED, OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED?

X

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appropriate, your fingerprints will be taken.

31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT, UNSATISFACTORY SERVICE, FROM ANY POSITION?

X

If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.

32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?

X

If your answer is "Yes," give dates of and reasons for such barment in Item 39.

33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY, WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?

X

If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR GRATUITY OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?

X

If your answer is "Yes," give complete details in Item 39.

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X

If your answer is "Yes," give details in Item 39.

36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?

X

If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof, specified therein.
B. If you are a WARTIME VETERAN, not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer, prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?

X

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?

X

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?

X

(D) DATE OF ENTRY ON ENTRIES INTO SERVICE DATE OF SEPARATION OR SEPARATIONS

X

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)

X

SERIAL NO (if none, give grade or rating at time of separation).

X

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?

X

(B) ARE YOU A DISABLED VETERAN?

N.A.

If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

N.A.

(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?

N.A.

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____.

Agency: _____ Title: _____

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO. _____

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT

(Sign your name in INK (and given name, last name, first name, middle name, if female, given name as "Mrs. Mary L. Doe")

U. S. GOVERNMENT PRINTING OFFICE: 1949 O 39492 10-53940-1

FORM DSP-14
9-26-51

DEPARTMENT OF STATE
**APPLICATION FOR FOREIGN SERVICE
AND DEPARTMENTAL EMPLOYMENT**
(Use with Standard Form 57)

BUDG. BUREAU NO. 47-8071.3
APPROX. L. EXPIRES August 31, 1954

If more space is required, use additional sheets of paper.
Write on each sheet your name, address and date of birth.
Identify each item, and attach to this application.

2. **USE OF APPLICATION** - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

☒ FOREIGN SERVICE ONLY

☐ FOREIGN SERVICE AND DEPARTMENTAL

3. **PERMANENT ADDRESS** (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

San Diego, California

4. **IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57).**

Not applicable

5. a. **ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT?** ☐ YES ☒ NO

b. **DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED?** ☐ YES ☒ NO
(Give details, if answer is yes to a. or b.)

6. **WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances)**

\$

PER YEAR

7. **WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?**

None

8. **IF BORN OUTSIDE THE UNITED STATES, DID YOU EVER OBTAIN UNITED STATES CITIZENSHIP? (Section 11 on Form 57)**

FATHER

☐ YES **N.A.** ☐ NO

MOTHER

☐ YES **N.A.** ☐ NO

9. **HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?**

☒ YES

☐ NO

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

I was employed in the Foreign Service of the State Department from January 26, 1931 to December 1951.

FORM NO. 1-57-42		PAGE 1		
14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES				
NAME	RELATIONSHIP	ADDRESS		
None				
15. FOREIGN LANGUAGES (Specify item 19 on Form 57)				
Give and indicate the extent of your competence, i.e. Excellent, Good, Fair				
A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Excellent	Good	Good	Excellent
16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:				
A. BUSINESS B. EMPLOYMENT C. MILITARY				
U.S. Foreign Service from Jan. 26, 1931 to Dec. 1951.				
17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS				
18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "NO," STATE INFORMATION REQUESTED BELOW:				
NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED		
None				
19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "YES," GIVE DETAILS IN ITEM 29 OF FORM 57.				
20. PRESENT MILITARY STATUS				
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:				
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERVICE NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS.				
21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.				
None				
22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM?		23. SOCIAL SECURITY NUMBER, IF ANY:		
Subject to C.S. Retirement Act				
24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Exemption, or on a separate sheet, any additional appropriate information may be furnished.				
DATE		SIGNATURE		
March 10, 1952				

SECRET

SECURITY INFORMATION

4 June 1952

MEMORANDUM FOR: Chief, Liaison Control, OSO

SUBJECT :

2. This Division has now been informed that the medical staff of CIA will not approve an overseas assignment for until 1 August 1952. At that time will undergo another physical examination and if results are satisfactory he will be certified as fit for overseas duty.

3. In order to avoid cancellation of appointment, it is requested that the Department of State be asked not to call to enter on duty until advised by OSO that he is certified for overseas duty and ready to proceed to his assignment, subject to State's concurrence. It is anticipated that this will occur about 1 August 1952, or shortly thereafter.

J. C. King
J. C. King
Chief, Western Hemisphere

State Dept informed 10 June 52 by WHH

SECRET

Date 14 August 1953

Central Intelligence Agency
2430 E Street, N. W.
Washington, D. C.

Gentlemen:

1. In accordance with the policy of this agency, it is understood and agreed by me that I shall be required to serve a minimum term of two years from the date of my arrival at my overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated at my request in less than twenty-four months, the following shall prevail:

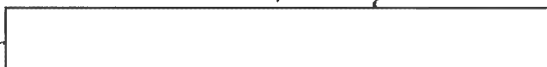
(a) If I resign in less than twelve months from the date of my arrival at my overseas post of duty, I shall reimburse CIA for all travel expenses involved in the transportation of myself, my immediate family, household goods, and personal effects and automobile to the foreign station, and pay all such expenses for return to the United States.

(b) If I resign between the twelfth and twenty-fourth month from the date of my arrival at my overseas post of duty, I shall pay all expenses for the travel and transportation of myself, my immediate family, household goods, and personal effects and automobile to the United States.

2. Part (a) above shall not apply to employees who have served in a operational position with CIA or who have served an overseas tour of duty with CIA, and in such case part (b) only shall apply, amended to read: "If I desire to terminate or return to the United States prior to the expiration of the minimum term of two years from the date of my arrival at my overseas post of duty, I shall reimburse CIA for the travel and transportation of myself, my immediate family, household goods, and personal effects to the United States".



Witness:



557-697

APPLICATION FOR FEDERAL EMPLOYMENT

Form approved
Budget Bureau No. 60-8346

INSTRUCTIONS - Answer every question below fully and completely. Type or print in INK. If you are applying for a specific United States Civil Service position, read the announcement carefully and follow its directions. Mail this application to the office named in the announcement. Be sure to call before same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. Name of examination, or kind of position applied for
Chief of Station

2. General subject (if mentioned in examination announcement)

3. Place of examination applied for

4. City or post office (including postal zone), and State

5. Legal or voting residence (State) 7. Office phone No. Home phone
California

6. Place of birth (city and State; if born outside U. S., name city and country)
New York, New York

10. Age last birthday: **35** 11. ☒ Male ☐ Female

12. ☒ Married ☐ Single 13. Height without shoes: **6** feet **0** inches **185** pounds

14. Have you ever been employed by the Federal Government? ☒ Yes ☐ No
If now employed by the Federal Government, give present grade and date of last change in grade.
CAF-12, July 1, 1945.

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

<input type="checkbox"/> Accepted	<input type="checkbox"/> Material	<input type="checkbox"/> Entered register
<input type="checkbox"/> Rejected	<input type="checkbox"/> Substantiated	
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Returned	
Initials and Date		
Approved		
OPTION	GRADE	EARNED RATING
		5 points (tent.)
		10 points
		Wife, or Widow
		Dead
		Being investigated

18. (a) Would you accept short-term appointment, if offered:

1 to 3 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 to 6 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 to 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(b) Would you accept appointment, if offered—

in Washington, D. C.?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
anywhere in the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
outside the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(c) If you will accept appointments in certain locations ONLY, give acceptable locations:

(d) What is the lowest entrance salary you will accept? **\$5,905.20** per year.
You will not be considered for positions paying less.

(e) If you are willing to travel, specify:
☐ Occasionally ☒ Frequently ☐ Constantly

19. EXPERIENCE - You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing authority to determine your qualifications for the position for which you are applying. In this space provided below describe EVERY position you have held. Use a separate block for EACH position. You may also include any pertinent religious, civic, military or organizational activity which you have held for more than six months continuously, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all parts of your employment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).

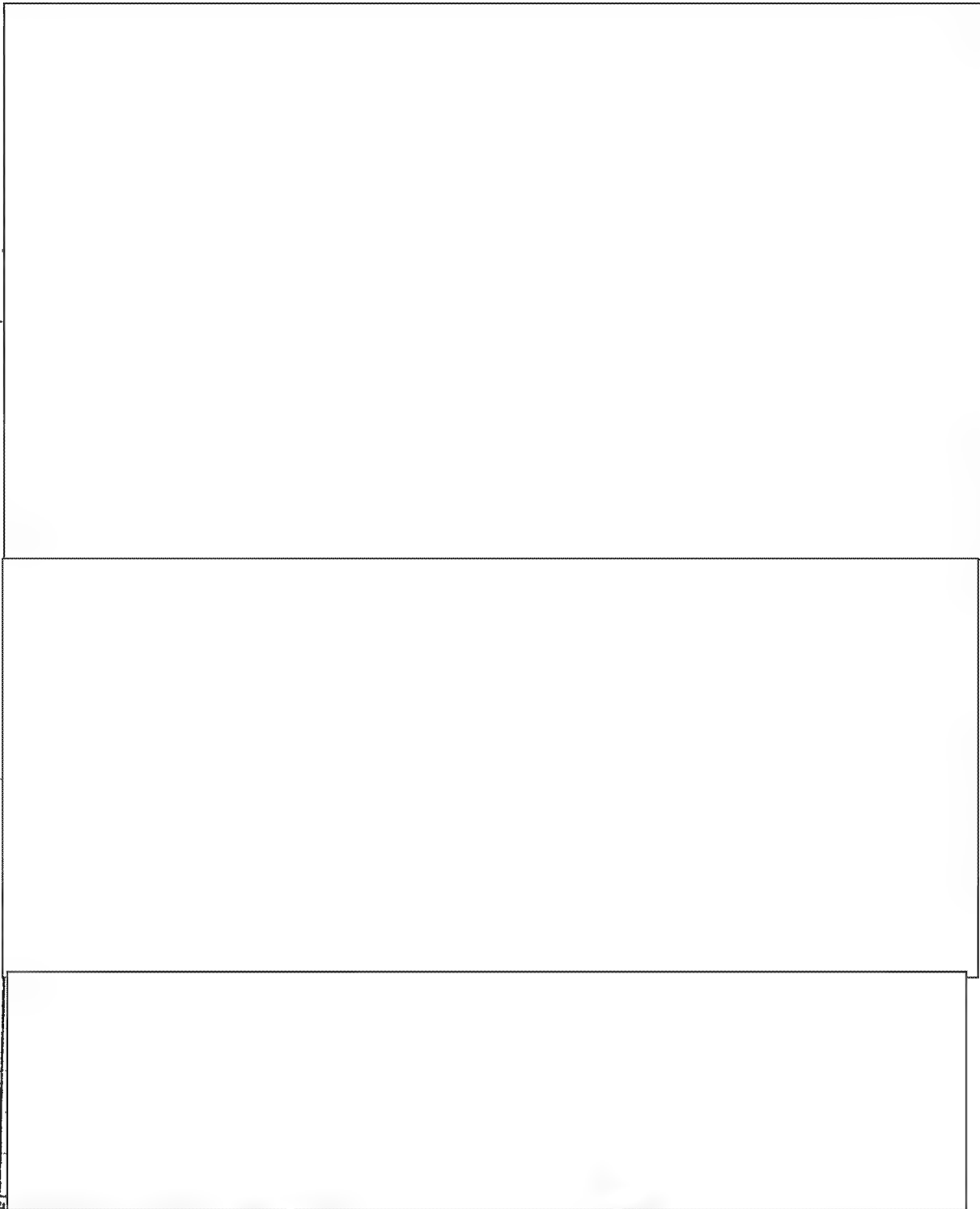
20. If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position, the name used.

21. If you were ever employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION	
Date of employment (Month, year) From August, 1944	To present time
Name and address of employer (firm, organization, or person); if Federal, name department, bureau or establishment, and division SSU, FBI	
Kind of business or organization (e.g., wholesale store, insurance company, city, etc.)	
Number and kind of employees supervised by you 2 clerical; 12 outside agents	
Name and title of immediate superior Acting Chief of	
Reason for changing or change in payment liquidation of SSU	
Exact title of your present position Chief of Station	
Salary or earnings, with OT Starting \$4,680 per year Present \$5,905 per year	
Description of your work: Chief of Station Direction of intelligence chains, evaluation of material and preparation of intelligence reports. Preparation of political reports on behalf of Consulate General, [redacted] and military reports on behalf of Military Attache, [redacted]	

(CONTINUED ON NEXT PAGE)

16-47205-2



back and examination file. Attach to inside of file folder.

10-10-9/207-8

17. MILITARY EXPERIENCE - In order to best determine placement of one's education, detailed information should be furnished about the training and experience they have received in the Armed Forces. In the event you have attended no special or technical schools while in the service, write in item (a) "No schools." In the event you have attended service schools, indicate in item (c) all important changes in duty assignment, showing dates of such assignment.

<p>(a) First Special Service in Armed Forces:</p> <p>Location: _____</p> <p>Dates attended (month, year): _____</p> <p>From: _____ To: _____</p> <p>Rating received at end of this training: _____</p>		<p>(b) What were you taught in First Special Service School?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																			
<p>(c) Duty assignment or training after this training (give all important changes in duty assignment whether or not you attended a Service School):</p> <p>Dates of duty assignment (month, year): _____</p> <p>From: _____ To: _____</p>		<p>(d) What did you do during this duty assignment?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																			
<p>(a) Second Special Service School attended:</p> <p>Location: _____</p> <p>Dates attended (month, year): _____</p> <p>From: _____ To: _____</p> <p>Rating received at end of this training: _____</p>		<p>(b) What were you taught in Second Special Service School?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																			
<p>(c) Duty assignment after this training:</p> <p>Dates of duty assignment (month, year): _____</p> <p>From: _____ To: _____</p>		<p>(d) What did you do during this duty assignment?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																			
<p>List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.</p>																																					
<p>18. EDUCATION - Circle highest grade completed</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Mark (X) the appropriate line in brackets indicating completion of:</p> <p><input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input checked="" type="checkbox"/> Senior High School</p>		<p>(a) Give name and location of last high school attended:</p> <p>San Diego Sr. High School, San Diego, Calif.</p> <p>(b) Subjects studied in high school which apply to position desired:</p> <p>Business courses with emphasis on office management.</p>																																			
<p>(a) Name and location of College or University: _____</p> <p>Major: _____</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> <th colspan="2">Degrees Conferred</th> <th rowspan="2">Semester Hours Credit</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th>Title</th> <th>Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit	From	To	Day	Night	Title	Date																					
Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit																															
From	To	Day	Night	Title	Date																																
<p>(a) List Your Chief Undergraduate College Subjects: _____</p> <p>Letter Grade: _____</p>		<p>List Your Chief Graduate College Subjects: _____</p> <p>Semester Hours: _____</p>																																			
<p>(a) Other training such as technical, business, study course given through the Armed Forces Institute (name name and location of school, or "in service training" by a Federal agency):</p> <p>Special training in intelligence work at OGS. Sixteen years of government foreign service.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Subjects Studied</th> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Subjects Studied	Dates Attended		Years Completed		From	To	Day	Night																									
Subjects Studied	Dates Attended		Years Completed																																		
	From	To	Day	Night																																	
<p>19. Indicate your knowledge of foreign languages:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Language</th> <th colspan="2">HEARING</th> <th colspan="2">SPEAKING</th> <th colspan="2">UNDERSTANDING</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td>X</td> <td> </td> <td>X</td> <td> </td> <td>X</td> <td> </td> </tr> </tbody> </table>		Language	HEARING		SPEAKING		UNDERSTANDING		Yes	No	Yes	No	Yes	No	Spanish	X		X		X		<p>21. Are you now or have you ever been a member of a national or international organization (such as Glee, Kiwanis, Rotary, etc.)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Give kind of license and State:</p> <p>First license or certificate (year): _____</p> <p>Second license or certificate (year): _____</p>															
Language	HEARING		SPEAKING		UNDERSTANDING																																
	Yes	No	Yes	No	Yes	No																															
Spanish	X		X		X																																
<p>(a) How was your knowledge of these languages acquired?</p> <p>Sixteen years of residence in Spanish speaking countries.</p> <p>(b) Give you, your spouse or relatives in any foreign countries indicate (1) name of country (2) date and length of time spent there and (3) purpose of trip (e.g., business, pleasure, recreation)</p> <p>Mexico, 1931-44; Spain 1944-46; Gov't</p>		<p>22. Give any special qualifications not entered elsewhere in your application such as:</p> <p>(a) any more important publications (do NOT submit copies unless requested)</p> <p>(b) your patents or inventions</p> <p>(c) public speaking and public relations experience</p> <p>(d) membership in professional or scientific societies, etc.</p>																																			
<p>23. List the research instruments, machines and equipment you use in each of the operation of your own radio, or other, equipment, key punch, turret table, scientific or professional devices.</p>		<p>Approximate number of words per minute in typing: 60 shorthand: _____</p>																																			

23. REFERENCES - List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and answer to the position for which you are applying. Do not repeat names of supervisors listed under item 16. (Limit 150 words)					
FULL NAME		BUSINESS OR HOME ADDRESS (Give complete address, limited to street and number)		BUSINESS OR OCCUPATION	
24. May inquiry be made of your present employer regarding your character, qualifications, etc? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Indicate "Yes" or "No" answer by placing X in proper column		YES	NO	Indicate "Yes" or "No" answer by placing X in proper column	
25. Are you a citizen of the United States?		<input checked="" type="checkbox"/>		26. Have you any physical defect or disability whatever? If your answer is "Yes" give complete details in item 26.	
26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If your answer is "Yes," give complete details in item 26.		<input checked="" type="checkbox"/>		27. (a) Were you ever in the United States Military or Naval Service during time of War? (b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation? (c) Was service performed on an active full-time basis with full pay and allowances?	
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?		<input checked="" type="checkbox"/>		28. (a) Date of entry or entry into service: <u>Aug. 14, 1944</u> (b) Date of separation or separation: <u>Oct. 1945</u> (c) Branch of service (Army, Navy, M. C., C. G., etc.): <u>OSS</u> (d) Serial No. (If none, give grade or rating at time of separation): <u>Chief of Station</u>	
28. Since your 16th birthday, have you ever been arrested, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail, for the violation of any law, police regulation or ordinance (including minor traffic violations) for which a fine of \$25 or less was imposed?		<input checked="" type="checkbox"/>		IF YOUR ANSWER TO THIS QUESTION (No. 26) INDICATES THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CARRIED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICE, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.	
29. Have you ever been discharged or forced in Federal by misconduct or unsatisfactory service from any position?		<input checked="" type="checkbox"/>		Indicate "Yes" or "No" answer by placing X in proper column.	
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?		<input checked="" type="checkbox"/>		31. (a) If you served in the U. S. Military or Naval Service during previous ONLY, did you participate in a campaign or expedition and receive a campaign badge or service ribbon? (b) Are you a disabled veteran? (c) Are you the unmarried widow of a veteran? (d) Are you the wife of a veteran who has service connected disability?	
31. Are you an official or employee of any State, Territory, county, or municipality?		<input checked="" type="checkbox"/>		IF YOUR ANSWER TO QUESTION 31 (a), (b), (c) OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM, CIVIL SERVICE EXAMINATION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.	
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 5 months?		<input checked="" type="checkbox"/>		THIS SPACE FOR USE OF APPOINTING OFFICE ONLY The information contained in the answers to Questions 25 through 35 shall be verified by comparison with the discharge certificate on _____ 19____	
33. Have you ever had a nervous breakdown?		<input checked="" type="checkbox"/>		Agency: _____ Title: _____	
34. Have you ever had tuberculosis?		<input checked="" type="checkbox"/>		35. Space for detailed answers to other questions (Indicate item numbers to which answers apply).	
ITEM No.	ANSWER	ITEM No.	ANSWER		
36	I do not know if service with OSS in a civilian capacity abroad is considered "military service." However, since an "honorably served" certificate was issued to me, and since the org. was under the Joint Chiefs of Staff		reference to the service is being included for whatever it may be worth.		
If more space is required use paper the same size as this page. Write on each sheet your name, address, date of birth, and occupation title. Attach to inside of this application.					
FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 1001). I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief.					
Date: <u>3 Oct. 1946</u> Signature of applicant: _____ (Sign your name in INK (use blue ink if possible)) Mrs. and if married use your name		Signature of official: _____ Title: _____ (If female print MRS. or MISS)			

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS?

YES ☒

NO ☐

SECTION 1. PERSONAL BACKGROUND

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)

OUTSIDE U.S.		----		-----		-----	
LAST U.S. VISA	NUMBER	TYPE	DATE	PLACE OF ISSUE			
	---	---	----	-----			
SECTION 2. PHYSICAL DESCRIPTION							
AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR		
36	Male	6' 0"	185 Lbs.	Lk. Brown	Dk. Brown		
COMPLEXION		SCARS			BUILD		
Ruddy		Two scars on neck			heavy		
OTHER DISTINGUISHING FEATURES							
none							

SECTION 3. MARITAL STATUS

MARRIED ☒ WIDOWED ☐ SEPARATED ☐ DATE OF SEPARATION OR DIVORCE _____ PLACE _____
 SINGLE ☐ DIVORCED ☐

REASON FOR SEPARATION OR DIVORCE _____

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

CITIZENSHIP U.S. DATE ACQUIRED birth WHERE ACQUIRED _____ CITY _____ STATE _____ COUNTRY _____
 OCCUPATION housewife LAST EMPLOYER San Diego Board of Education
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____ STREET AND NUMBER _____ CITY San Diego STATE California COUNTRY U.S.A.
 DATE OF MILITARY SERVICE _____ FROM: none TO: _____ BRANCH OF SERVICE _____ COUNTRY _____
 OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)
U.S. Consulate, Ensenada, Baja California, Mexico, from 1934 to 1937.

SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)

NAME	<u>none</u>	RELATIONSHIP	---	AGE
CITIZENSHIP	---	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY
NAME	---	RELATIONSHIP	---	AGE
CITIZENSHIP	---	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY
NAME	---	RELATIONSHIP	---	AGE
CITIZENSHIP	---	ADDRESS STREET AND NUMBER	CITY	STATE COUNTRY

SECTION 5. PARENTS

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET

BUSINESS ADDRESS _____ San Diego, California, U.S.A.
 SECTION 5. PARENTS (CONTINUED FROM PAGE 1) I understand my father is, or is about to be, re-married, but I have no information concerning my prospective stepmother.

SECTION 5. PARENTS (CONTINUED) PAGE 2									
DATE OF MILITARY SERVICE		FROM: none		TO: ---		BRANCH OR SERVICE		COUNTRY	
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
none									
NAME OF MOTHER		FIRST		MAIDEN		LAST			
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE COUNTRY	
U.S.		birth						---	
OCCUPATION		LAST EMPLOYER							
housewife		-----							
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	

GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
none									
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)									
PR									
NA									
PR									
NA									
PR									
SE									
NA									
DA									
PR									
LA									
DA									
CIT									
OCC									
NAME									
DATE									
PRE									
LA									
DATE									
JO									
CIT									
OCC									

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME: I have no relatives who are not citizens of the United States or who are married to non-citizens. RELATIONSHIP AGE

CITIZENSHIP ADDRESS STREET AND NUMBER CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME RELATIONSHIP AGE

CITIZENSHIP ADDRESS STREET AND NUMBER CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME RELATIONSHIP AGE

CITIZENSHIP ADDRESS STREET AND NUMBER CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

CITIZENSHIP ADDRESS STREET AND NUMBER CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME RELATIONSHIP AGE

CITIZENSHIP ADDRESS STREET AND NUMBER CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

SECTION 9. EDUCATION

SCHOOL ADDRESS CITY STATE COUNTRY

S.D. Sr. High School San Diego, California, U.S.A.

DATES ATTENDED FROM 1926 TO Feb. 1929 DEGREE Diploma

SCHOOL ADDRESS CITY STATE COUNTRY

DATES ATTENDED FROM TO DEGREE

SCHOOL ADDRESS CITY STATE COUNTRY

DATES ATTENDED FROM TO DEGREE

SCHOOL ADDRESS CITY STATE COUNTRY

DATES ATTENDED FROM TO DEGREE

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SCHOOL ADDRESS CITY STATE COUNTRY

DATES ATTENDED FROM TO DEGREE

SCHOOL ADDRESS CITY STATE COUNTRY

DATES ATTENDED FROM TO DEGREE

SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN					
COUNTRY	SERVICE	SERVICE DATES	FROM	TO	
U.S.A.	Foreign Service	26 January 1931		date	
GRADE	SERIAL NUMBER	TYPE OF DISCHARGE			
Attaché	---	----			
LAST STATION		COMMANDING OFFICER			
American Embassy, Guatemala City		Ambassador Edwin J. Kyle			
REMARKS:					
SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)					
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.					
EMPLOYER			JOB TITLE		
U.S. State Department (Consular Service)			Vice Consul		
ADDRESS STREET AND NUMBER		CITY	STATE	KIND OF BUSINESS	
American Consulate, Ensenada, Mexico				government	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR		
Gen. consular, including immigration, passports			Consul Wm. A. Smaile		
DATES COVERED	FROM	TO	SALARY	PER	
	26 January 1931	6 October 1938	\$1,800.00	annua	
REASONS FOR LEAVING					
transferred to American Consulate at Mazatlán, Mexico.					
EMPLOYER			JOB TITLE		
U.S. State Department (Consular Service)			Vice Consul		
ADDRESS STREET AND NUMBER		CITY	STATE	KIND OF BUSINESS	
American Consulate, Mazatlán, Mexico				government	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR		
shipping, invoice, immigration, political rep.			Consul Rufus H. Lane, Jr.		
DATES COVERED	FROM	TO	SALARY	PER	
	November 1938	August 1941	\$2,250.00	annua	
REASONS FOR LEAVING					
transferred to American Consulate, Guadalajara, Mexico					
EMPLOYER			JOB TITLE		
U.S. State Department (Consular Service)			Vice Consul		
ADDRESS STREET AND NUMBER		CITY	STATE	KIND OF BUSINESS	
American Consulate, Guadalajara, Mexico				government	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR		
passport, visa, political & economic reporting			Consul Maurice L. Stafford		
DATES COVERED	FROM	TO	SALARY	PER	
	August 1941	August 1944	\$3,160.	annua	
REASONS FOR LEAVING					
to accept employment with Office of Strategic Services					
EMPLOYER			JOB TITLE		
Office of Strategic Services			Station Chief		
ADDRESS STREET AND NUMBER		CITY	STATE	KIND OF BUSINESS	
American Consulate, Bilbao, Spain				government	

(CONTINUED TO PAGE 6)

PAGE 5

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
special reporting		Donn Paul Medalie	
DATE COVERED	FROM	TO	SALARY
	September 1944	December 1945	\$4,600.00
REASONS FOR LEAVING		PER	
temporarily assigned to American Embassy, Madrid, Spain		annum	
EMPLOYER		JOB TITLE	
Office of Strategic Services		-	
ADDRESS	STREET AND NUMBER	CITY	STATE
	American Embassy, Madrid, Spain		
DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
investigating and reporting		Donn Paul Medalie	
DATE COVERED	FROM	TO	SALARY
	December 1945	May 30, 1946	\$5,190.00
REASONS FOR LEAVING		PER	
transferred to Barcelona, Spain		annum	
EMPLOYER		JOB TITLE	
Strategic Service Unit (War Department)		Station Chief	
ADDRESS	STREET AND NUMBER	CITY	STATE
	American Consulate General, Barcelona, Spain		
DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
specialized reporting		Donn Paul Medalie	
DATE COVERED	FROM	TO	SALARY
	June 1, 1946	Mar. 1, 1947	\$5,905.00
REASONS FOR LEAVING		PER	
		annum	
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.			
DETAILS:			
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)			

SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

PROPERTY OF THE U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES, AT YOUR LAST NORMAL ADDRESS

(CONTINUED TO PAGE 7)

SECTION 16. NEIGHBORS-THREE IN THE UNITED STATES AT YOUR LAST RESIDENCE

DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES ☐ NO ☒
IF ANSWER IS "YES" EXPLAIN BELOW:

DO YOU USE, OR HAVE YOU USED INTOXICANTS? Social drinking only.

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE, AND DISPOSITION OF CASE.

No

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES", GIVE DETAILS BELOW:

YES ☐ NO ☒

SECTION 17. FINANCIAL BACKGROUND

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES ☒ NO ☐ IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

First National Trust & Savings Bank, San Diego, California.

HAVE YOU EVER BEEN IN BANKRUPTCY? YES ☐ NO ☒ IF ANSWER IS "YES", GIVE PARTICULARS:

SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES

SECTION 19. RESIDENCES FOR PAST 15 YEARS

FROM	TO	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
Jan. 1931	Oct. 1938	American Consulate,	Ensenada,	B.C.	Mexico
Nov. 1938	Aug. 1941	American Consulate,	Mazatlan,	Sin.	Mexico
Aug. 1941	Aug. 1944	American Consulate,	Guadalajara,	Jal.	Mexico.

(CONTINUED TO PAGE 8)

PAGE 7

SECTION 19. RESIDENCES FOR PAST 15 YEARS (CONTINUED FROM PAGE 5)

FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
Aug. 1944	Dec. 1945	American Consulate	Bilbao	Vizcaya	Spain
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
Dec. 1945	May, 1946	American Embassy	Madrid		Spain
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
June 1946	March 1947	American Consulate General	Barcelona		Spain

SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES

FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
	see No. 19 above	identical with above		
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE

SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
DeMolay Society		La Mesa	California	(1930)
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Rotary Club		Ensenada	Mexico	(1936)
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Rotary Club		Guadalajara	Mexico	(1941)
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Joliet Tennis Club		Bilbao	Vizcaya	Spain
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
British-American Club		Barcelona		Spain
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Mayan Golf Club		Guatemala City		Guatemala
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 22. LANGUAGES-FOREIGN (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")

LANGUAGE	SPEAK	READ	WRITE
Spanish	fluent	fluent	fluent
LANGUAGE	SPEAK	READ	WRITE
French	--	slight	--
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE

SECTION 23. SPECIAL QUALIFICATIONS

DESCRIBE ANY SPECIAL TRAINING, EXPERIENCE, KNOWLEDGE, SKILLS, AND QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH SIGNIFY YOUR FULFILLMENT OF A PARTICULAR POSITION.

I have had seventeen years of continuous service, started with the United States government. I have had considerable experience in all phases of government foreign service work, including: political, economic and agricultural reporting; citizenship, passport, visas, shipping and protection work. For varying periods of time I have been in charge of the American Consulates at Ensenada, Mazatlán and Guadalajara, Mexico. My long experience in Latin countries has provided an insight into Latin character, temperament and psychology which cannot be acquired in any other way. Three years of my service abroad has been devoted exclusively to investigative work. I have had special training in photography and reporting.

SECTION 24. SPORTS AND HOBBIES

Golf, tennis, bridge and reading.

SECTION 25. EMERGENCY ADDRESSEE

NA
AD
SE

NOTE: YOU ARE INFORMED THAT EVERY PART OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE ADVISED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

No.

SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT

[Signature Box]

SECRET

file

TO : CCD

DATE 30 June 1949

FROM : CSC

SUBJECT: Security and Cryptographic Approval

The following person has been security approved
for the purpose of performing cryptographic duties
as of dates indicated.

Name

Security

Cryptographic

[Redacted Name]

6 January 1944 30 June 1949

[Redacted Signature]

Security Officer SO

SECRET

25726

25726

SECURITY OFFICE

CONFIDENTIAL

Investigation Report

Date: 6 January 1944

Subject:

Number: 12951

To:

1. Investigation directed by: AOT.
2. Sources of information: S.
3. Summary of information:

An American born citizen, 32 years old, son of American born parents.

Subject is a high school graduate and has had twelve years experience in the Foreign Service of the United States Government.

Confidential informants recommend the subject as to loyalty, ability and personal character.

Handwritten note:
Notified Major M. E. G. by name...

Handwritten: (Over)

CONFIDENTIAL

3. Summary of information (Cont'd.)

4. Remarks:

5. Recommendation:

Security approval recommended, though subject to the receipt of derogatory information at some future date. Interview waived.

Final interview is in case unnecessary if originating official will provide two (unsigned) passport size photographs and completed fingerprint card of Subject. Par. 6 should be returned with indication of disposition.

U. C. W.
By

Security Officer

Date 1/6/44.

000.

OFFICE OF STRATEGIC SERVICES
WASHINGTON, D. C.

CONFIDENTIAL

206
John H. [unclear]
For [unclear] file

8 January 1944

(2)

MEMORANDUM

TO:

FROM:

SUBJECT:

[Redacted box]

Confirming our report by
telephone to your office, the Security
Office has just notified us that clearance
has been granted on Subject.

CONFIDENTIAL

KLOBUKAR, Cecil

Date

FORM 101 USE PREVIOUS EDITIONS

SECRET - SECURITY INFORMATION

CONTRACT PERSONNEL

OFFICE OF PERSONNEL
RETURN FILE TO 5E62, HQS

NOTICE: This is an Office of Personnel File and subject to 10 day limitation period. This file has been charged to Office and is due to be returned to CONTRACT PERSONNEL DIVISION, 5E-65 Hqs., x7841, as of 6-1.

RETURN TO: 5E-65
INCH: 2E-65
JOB: 2E-65

30-0000

☐ UNCLASSIFIED☐ INTERNAL
ONLY☐ CONFIDENTIAL☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional) Retirement: [redacted]			
FROM: Chief, CSFS CG-10, Hqrs		EXTENSION	NO. DATE 19 February 1970
TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS
	RECEIVED	FORWARDED	
1. Chief, DO <i>Per</i>	25 Feb	<i>ml</i>	<p>COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)</p> <p>To 1: To avoid any possible misunderstanding and to facilitate staffing plans, please assure prompt attention to the attached memorandum on the scheduled retirement of [redacted]</p> <p>1 to 5: Subject has been reminded** of retirement and will submit formal application at least 90 days in advance of the date scheduled in the attached memorandum.</p> <p><i>Thupia</i> Personnel Officer</p> <p>***by dispatch USFS-860 prepared 26 February '70 and field memo addressed to him was attached. Contents of this attachment were contained in body of the dispatch.</p>
2.			
3.			
4.			
5. Chief, CSFS CG-10, Hqrs			
6. Attn: Agent Branch			
7.			
8.			

S-E-C-R-E-T

19 February 1970

MEMORANDUM FOR: Chief, DO

SUBJECT : Retirement of [redacted]
under the CSC Retirement System.

1. This memorandum is to remind all concerned that [redacted]
[redacted], GS-16 of your component is scheduled for retirement under the CSC system during the month of March 1971.

2. As you know, the normal retirement date is the last day of the month in which the individual becomes eligible to retire. To insure complete understanding, it is suggested that this matter be again explained to the employee and an appointment be arranged with the Retirement Counseling Branch, Retirement Affairs Division, Office of Personnel, extension 3328, for further discussions or counseling on benefits available upon retirement. Formal application for retirement should be made at least three months prior to the scheduled date.

3. If you should propose to take any steps to retain this employee after his retirement date, your attention is invited to HN 20-324. Any recommendation in that connection will require the concurrence of the Deputy Director for Plans and should be submitted at least 12 months prior and not more than 18 months prior to the scheduled retirement date.

4. If a replacement is required, early notification to CSPPS will assist in locating a qualified replacement. (See CSPPS Memo No. 15-69, dated 9 July 1969, "Staff Personnel Requisition".)

[redacted]
Chief, Clandestine Service
Personnel Staff

S-E-C-R-E-T

GROUP I-Excluded from
automatic downgrading
and declassification

71 July 68

CCS has this memorandum for consideration.

Action is being held up pending

TDY in D. C. beginning 29 July 1968.

Appropriate modifications will be worked out with

CCS at that time.

6 October 1967

MEMORANDUM FOR: Chief, Central Cover Staff

FROM : Chief, [REDACTED]

SUBJECT : [REDACTED]

The following paragraphs are keyed to points raised in Form 10-64, 2311.

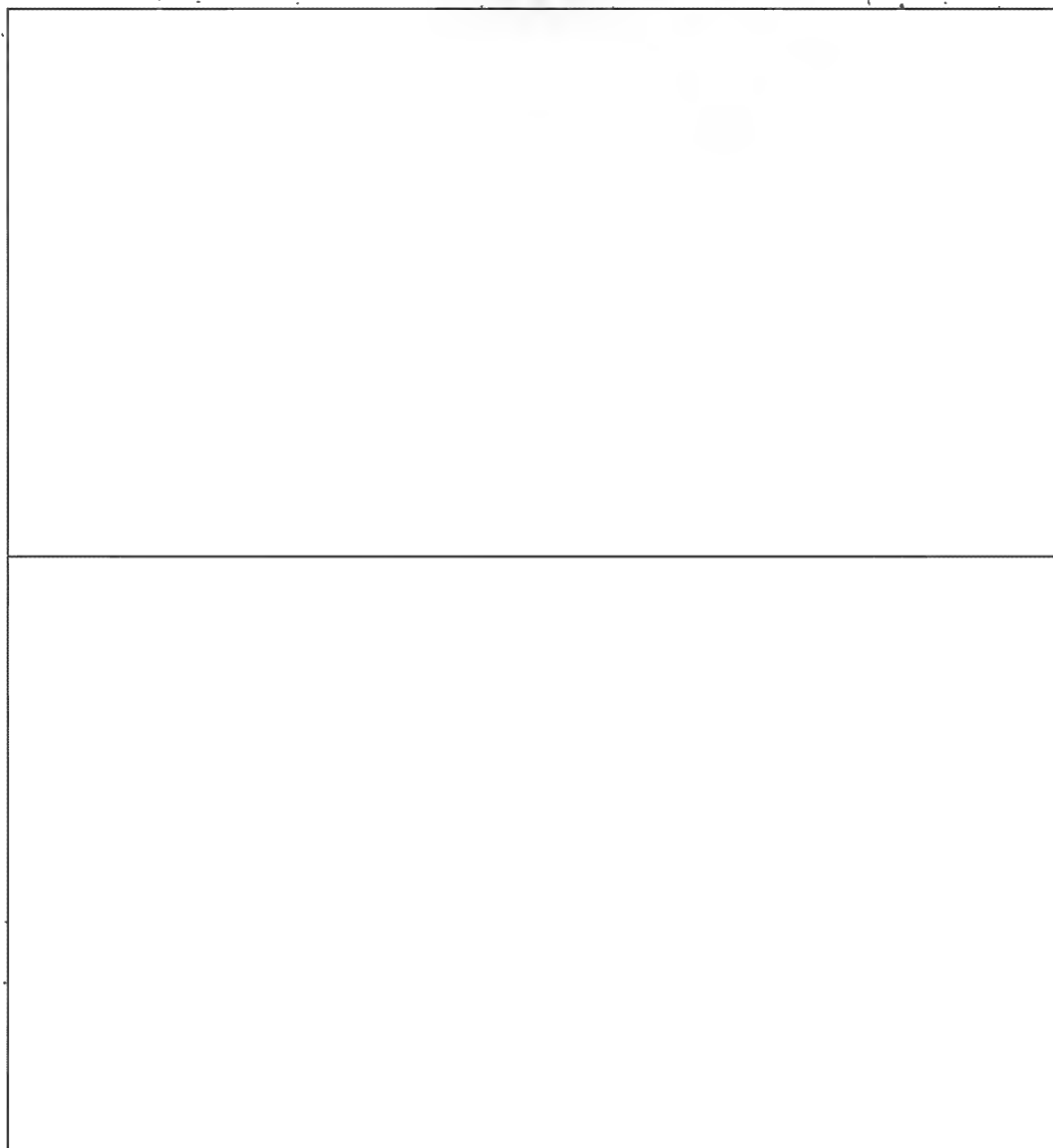
A. General Information

[REDACTED]

Submitted by Do/I

SECRET

SECRET



SECRET

SECRET

5. See A. (General Information)

6. None known

7. None known

[Redacted]

9. N.A.

10. N.A.

11. N.A.

12. N.A.

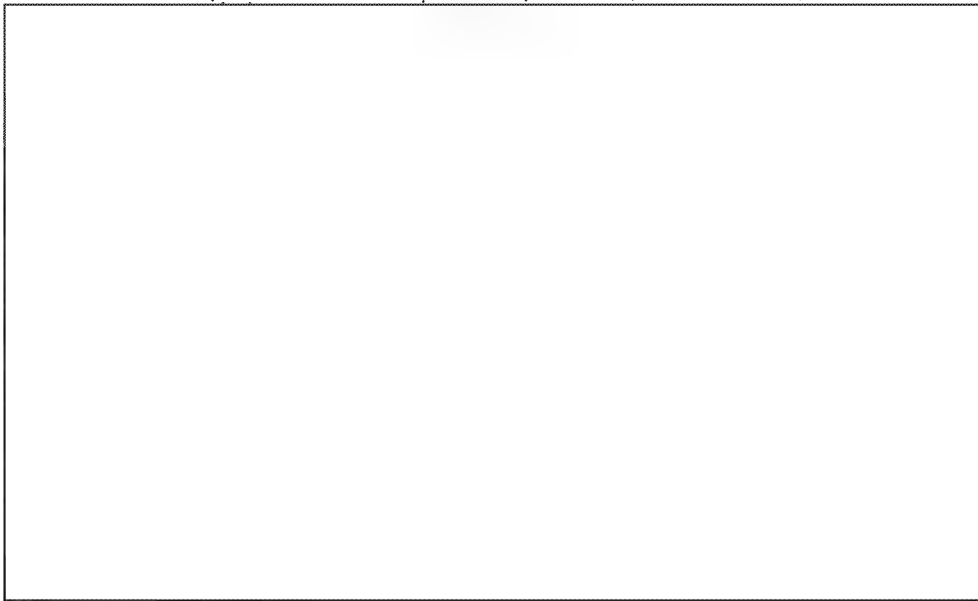
13. N.A.

[Redacted]

- 3 -

SECRET

SECRET



- 4 -

SECRET

SECRET

18 March 1968

MEMORANDUM FOR: Chief, Clandestine Services Personnel Staff

ATTENTION

: []

SUBJECT

: Request to Revert to Civil Service Retirement System - []

In accordance with your request there is attached (sterilized) copy of the original dispatch [] addressed to the Director of Personnel, in which he requests to revert to the Civil Service Retirement System. This is forwarded for appropriate action by C/CSPS.

[]
Chief, DO Personnel & Training

Attachment: A/S Above

SECRET

DISPATCH**SECRET**

PROCESSING ACTION

TO	Director of Personnel	XX	NO INDEXING REQUIRED
FROM	[REDACTED]		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Request to Revert to Civil Service Retirement System		

ACTION REQUIRED - REFERENCES

Reference: [REDACTED] dated 21 April 1967

1. On 26 November 1967, I reached the "break even" point between the Civil Service Retirement System and the Organization's System, having completed 36 years and 11 months of Government Service on that date.

2. Since I plan to work until age 60, at which time I will have 40 years of Government Service, it is my desire to revert to the Civil Service System in order to take advantage of the increased annuity under that System.

3. I would appreciate it therefore if you would take whatever steps may be necessary to transfer my retirement account back to the Civil Service Retirement System.

Distribution:

2 - C/DO
2 - C/Personnel

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER [REDACTED]	DATE 26 Feb 1968
	CLASSIFICATION SECRET	HQS FILE NUMBER

SECRET

12 March 1968

*Delivered info.
7/12/68*

MEMORANDUM FOR THE RECORD

SUBJECT:

1. Chief, DO and I talked to this morning about the possibility of his converting from staffer to career agent. After considerable discussion, agreed to the conversion. He is obviously doing this reluctantly, but he appreciates the situation within the DDP in which the encumbrance of senior grades by long-time employees is blocking the promotions of junior officers.

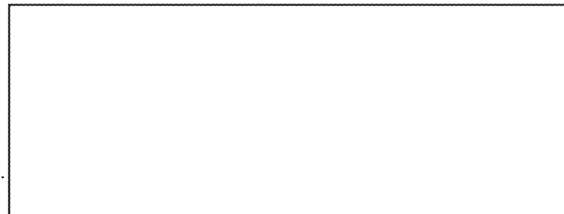
2. urged that he be retained as a career agent until he reaches the age of mandatory retirement (about three years). Chief, DO stated that the need for handlers of contacts and assets is such that there would be a continuing need for experienced career agents . I told that unless he pulled something stupid, he was virtually assured of career agent status until he reached age 60, and perhaps could be employed as a retired annuitant after that time if his performance was productive and if operational requirements remain as they are at present.

3. explained why he could not retire -- the next five years will be difficult for him financially with two teen-age boys to put through college.

4. Chief, DO and will work out the details and timing of his conversion to career agent.

Chief, Operational Services

cc:
DDP
C/DO



Secret

[redacted]
Date of birth: [redacted] SCD: 1/26/31 ECD: 9/18/47

Estimated retirement annuities:

	<u>CIA</u> <u>31 March 69</u>	<u>CIA</u> <u>31 March 70</u>	<u>CIA</u> <u>31 March 71</u>	<u>CSR</u> <u>31 March 71</u>
Basic Annuity	\$15725 p.a.	\$16398 p.a.	\$16902 p/a	\$18,491 p.a.
Reduced annuity for survivor benefits	\$11,124 p.a.	\$15028 p.a.	\$15,482 p.a.	\$16912 p.a.
Survivor benefits	\$8649 p.a.	\$9019 p.a.	\$9296 p.a.	\$10,170 p.a.

Memo sent to DOD Pers to advise [redacted] that he would receive a higher annuity under the Civil Service Retirement rather than the CIA System in view of the amount of his service.

A policy decision has been made that a participant in the CIA Ret System should not later than 18 months prior to his retirement apply to be removed from the CIA Retirement System and transferred to the CSR System.

In order to retire under the CSR System (55-30) he must be under that system for at least one year prior to retirement.

[redacted]
4 March 68

Secret

☐ UNCLASSIFIED☐ INTERNAL
ONLY☐ CONFIDENTIAL☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

CSPS, [redacted]

EXTENSION:

NO.

Date

24 July 1967

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

1- Please see that [redacted] gets the attached information as asap. Note para c. If [redacted] decides to go back to the CSR system, would appreciate routing his request through C/CSPS.

Frank

FORM
3-67

610

USE PREVIOUS
EDITIONS☐ SECRET☐ CONFIDENTIAL☐ INTERNAL
USE ONLY☐ UNCLASSIFIED

SENDER WILL CHECK CLASSIFICATION ON TOP AND BOTTOM			
UNCLASSIFIED		CONFIDENTIAL	<input checked="" type="checkbox"/> SECRET
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	CSPS, Attn: <input type="text"/> GC-10 Hqs.	21 July 67	Q
2			
3	<input type="text"/>		
4			
5			
6	<input type="text"/>	21 July 67	Q
ACTION /		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
<p>Remarks: <i>F.Y.T.</i></p> <p>① This is the first and only one of this type that we will get for some time -</p> <p>Please return to me</p> <p>DOB - <input type="text"/></p> <p>SSC 1/26/31 <i>L.</i></p>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO		DATE	
OP <input type="text"/> Magazine X2847			
UNCLASSIFIED		CONFIDENTIAL	<input checked="" type="checkbox"/> SECRET

18 JUL 1967

MEMORANDUM FOR:

SUBJECT : Retirement Information

1. There are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service Retirement System than under the Organization System. Because of this, the policy decision has been made that a participant in the Organization System who would receive a higher annuity under the Civil Service System may, not later than eighteen months prior to his retirement, apply to be removed from our system and transferred to the Civil Service System. Since you will complete 37 years of Federal service in January of next year it is felt that you should be advised of your retirement status under the Organization System and also if returned to the Civil Service System. The following information is being submitted to assist you in determining which course of action you desire to follow:

a. During the period from 15 August 1944 through 19 October 1946 there were no retirement deductions withheld from your salary. In order for this time to be credited in counting total service under the Organization System it would be necessary for you to make a deposit, with interest, to cover this period. The maximum annuity under our system is 70 per cent based on 35 years of creditable service. If you should return to the Civil Service System in order to receive the maximum annuity it would be necessary for you to make a deposit, with interest, to cover that period for which no contributions were made; however, you may receive full credit in counting total service without making a deposit but your annuity will be reduced by one-tenth of the amount due as deposit.

b. As you are aware, you are presently entitled to apply for voluntary retirement under the Organization Retirement and Disability System. The annuity estimate given below as of 31 October 1967 would be applicable if a deposit were made to cover the period for which no deductions were withheld. The annuity estimate given for 31 March 1968 would be applicable without a deposit since you would have completed 35 years of creditable service at that time without this period of service.

31 October 1967

\$14,265.00

\$13,109.00

\$ 7,848.00

Basic Annuity
Reduced to Provide for
Survivor Benefit
Survivor Benefit

31 March 1968

\$14,640.00

\$13,446.00

\$ 8,052.00

SECRET

SECRET

SUBJECT: Retirement Information

e. If you were to return to the Civil Service Retirement System, you would be entitled to retire under the 55-30 optional provision at any time after you have been back in that system for a period of one year. The Civil Service Regulations state that to retire under the Civil Service Retirement System an employee must have been under that system for at least one year during the two years immediately preceding retirement under that System. Therefore if you should desire to return to the Civil Service System you should submit a request to Headquarters sufficiently in advance of your planned retirement in order to allow time for your request to be acted upon and for transfer to be made effective, as well as allowing for the aforementioned one year required by Civil Service Regulations. The following annuity estimate would be applicable in this situation as of 31 December 1968, assuming a deposit is made:

Basic Annuity	\$15,755.00
Reduced to Provide for	
Survivor Benefit	\$14,450.00
Survivor Benefit	\$ 8,664.00

2. The above information is being forwarded for your consideration and should not be considered as anything more. If you have any questions regarding the above please feel free to forward them to Headquarters.

B. DeFolice

B. DeFolice

Chief, Benefits and Services Division

7/13/68 - 10:50 AM

Cable [redacted] asking [redacted] to be done

anything for [redacted]

He will go out with another dispatch &

him and get [redacted] of this memo [redacted] memo

only, mentioned 1 year - we did not say anything

that request must be made at least 18 months

prior to retirement date. He will coordinate dispatch

with COPS

SECRET

in [redacted] not [redacted] 7/13/68

DoD

SECRET

21 June 1967

MEMORANDUM FOR:

SUBJECT : Retirement Planning

1. The attached memorandum dated 29 May 1967 from the Director of Personnel concerns current Agency policy on retirement of personnel at age 60.
2. According to our records, you will achieve age 60 on 3/19/71, having completed 40 years 2 months of service. On this basis you would be scheduled to retire on 31 MARCH 1971.
3. If there are any questions relative to your status, please feel free to call , of the clandestine Services Personnel Staff, extension 5476. We also urge you to contact the Retirement Branch, Office of Personnel, extension 2257 as soon as it is convenient for you.

DDP/OR

SECRET

ADMINISTRATIVE
INTERNAL USE ONLY

60D
65-16

27 APR 1967

MEMORANDUM FOR :

SUBJECT : Retirement Planning

1. As a participant in the CIA Retirement and Disability System, you will reach mandatory retirement at age 60. The prospect of retirement deserves serious thought and planning because of its impact on each of us and for this reason, we are taking this opportunity to provide you with this advance notice that according to our records you will be required to retire on March 1971.

2. Planning ahead can bring about, with each passing year, definite progress toward your retirement goals and the Agency is anxious to assist you in your retirement planning.

3. We would like to make available to you as much information as possible on the general subject of retirement, your annuity estimates, life and health insurance protection in retirement, opportunities for other employment, Social Security benefits, and other additional material which is available. The Agency feels that this type of information and advisory service should be made available and, hopefully, will be used by employees well in advance of the date of retirement.

4. Our Chief, Retirement Branch, on extension 3257, is available to discuss with you any aspect of your retirement planning and we encourage you to contact him.



Emmett D. Echols
Director of Personnel

ADMINISTRATIVE
INTERNAL USE ONLY

01-36.0

SECRET

29 MAR 1966

MEMORANDUM FOR: Director of Personnel
THRU : DDP/OP
SUBJECT : PCS Return Prior to Completion of Tour
of Duty -
REFERENCE : CSN-20-59, dated 17 November 1965

1. This memorandum contains in paragraph 2 a recommendation for the approval of the Director of Personnel.

Acting Chief
Western Europe Division

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

2

SUBJECT: PCN Return Prior to Completion of Tour of Duty -
[Redacted]

CONCUR:

See Concurrence on Page 1
DDP/OP

22 April 1966
Date

The recommendation in paragraph 2 is APPROVED:

/s/ [Signature]
Director of Personnel

22 APR 1966
Date

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE		DO NOT COMPLETE	
DO NOT COMPLETE. FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 5-1)	NAME OF SUPERVISOR (true)	DATE (from item 5-2)
	18 Feb. 1963		
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7a. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
	GS-10	Chief of Station	23 September 1961
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION ON FIELD BASE		7b. EXPECTED DATE OF DEPARTURE FROM FIELD
			about 10 June 1962
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7c. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
Chief of Station. Overall responsibility for all KUTARK operations and activities in country of assignment.			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
Return to post for second tour following home leave.			
10. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
None at this time.			

SECRET

<p>8. PREFERENCE FOR NEXT ASSIGNMENT (continued)</p> <p>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:</p> <p><input checked="" type="checkbox"/> 1 RETURN TO MY CURRENT STATION</p> <p><input checked="" type="checkbox"/> 2 BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:</p> <p>1ST. CHOICE <u>WIS</u> 2ND. CHOICE <u>WHI</u> 3RD. CHOICE <u>---</u></p> <p><input checked="" type="checkbox"/> 2 BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE</p> <p>1ST. CHOICE <u>---</u></p>	
<p>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?</p> <p align="right">INDICATE NUMBER OF WORK DAYS <u>45</u></p>	
<p>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</p> <p align="center">wife; and two sons, ages (at time of contemplated travel - June 1964) 15 and 13.</p>	
<p>12. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</p> <p align="center">None - except schooling facilities for children.</p>	
<p>13. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM, TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</p>	
<p>14. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p>	
<p>15. SIGNATURE: COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM, TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS</p>	
<p>16. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p align="center">Recommend approval of extension to June 1964. A recommendation regarding a second tour or other assignment will be forwarded to the Panel at a later date.</p>	
<p>16. NAME <u> </u> PERSONNEL OFFICER</p> <p>DATE <u> </u></p>	<p>SIGNATURE <u> </u></p>
<p>FOR USE OF CAREER SERVICE</p>	
<p>17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</p>	<p>18. REFERENCE</p> <p>DISPATCH NO. <u> </u> CABLE NO. <u> </u></p>
<p>19. TYPED OR PRINTED NAME</p>	<p>20. SIGNATURE</p>
<p>21. TITLE</p>	<p>22. DATE</p>
<p>23. COMMENTS</p>	


SECRET

SECRET

REF 8-1955

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
DO NOT COMPLETE	<div style="border: 1px solid black; padding: 2px;">[Signature]</div>	<div style="border: 1px solid black; padding: 2px;">DATE (from item 2-1) 11 Jan 55</div>	<div style="border: 1px solid black; padding: 2px;">NAME OF SUPERVISOR (true) J. C. KING</div>
			<div style="border: 1px solid black; padding: 2px;">DATE (from item 2-2) 26 Jan 55</div>
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			
			<div style="border: 1px solid black; padding: 2px;">DATE 2/7/55</div>
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE	
	GS-15	Chief of Mission	
4. SERVICE DESIGNATION (if known)		5. CURRENT STATION OR FIELD BASE	
KUFIRE SD-FI			
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7. EXPECTED DATE OF DEPARTURE
None			September 1955
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Chief of Mission [] Supervisory jurisdiction over []</p> <p>Supervision of all KUMARK activities [] Liaison with Ambassador,</p> <p>Service Attachés, and Embassy section heads; []</p> <p>[] Projects and plans.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
<p>A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.</p> <p>First preference: Branch Chief in WH Division</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
<p>CE Course</p> <p>Communist Party Operations</p> <p>Operational Security</p>			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued) C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (1st, 2nd and 3rd choice) IN THE BOXES BELOW:	
<input checked="" type="checkbox"/> RETURN TO MY CURRENT STATION	<input type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY <input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION
WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:	
1ST CHOICE: 	4111 BLOOM
2ND CHOICE: _____	
3RD CHOICE: _____	
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? 45 work days INDICATE NUMBER OF WORK DAYS <u>45</u>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU: Wife, 43; two children, 6 and 4.	
12. SIGNATURE: COMPLETE ITEM NO. 9-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:	
I concur in subject's expressed preference for next assignment and recommend that he be given the training courses listed in 9B.	
14. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:	
I concur in subject's expressed preference for next assignment and recommend that he be given the training courses listed in 9B.	
16. NAME OF SUPERVISOR J. C. KING TITLE: CHIEF, WH DIVISION	SIGNATURE:  DATE: 26 January 1955
17. REMARKS (additional comment) This officer, who will have been with the Agency for nine years on the completion of his present tour, never has had a Headquarters assignment. His performance in the field has been excellent and his long experience will make him a valuable addition to WH Headquarters staff.	

SECRET

- INSTRUCTIONS: 1. PERMIT FOR: 2. CONTRACT EMPLOYEES (TYPE 4, B AND CABLE) 3. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR MOC (US CITIZENS OR RESIDENT ALIENS ONLY) 4. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 5. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSRS/AGENT FRANCHISE (1 COPY ONLY)

NAME (LAST, FIRST, MIDDLE)			SEA	DATE OF BIRTH
			MALE	
MARITAL STATUS	NO. DEPENDENTS	YEAR(S) OF BIRTH	NATIONALITY	LAST MEDICAL EXAM
Married	2		U.S.	Dec. 1967
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL		JOB TITLE	COMPONENT	
3 April 1968		Ops Off	DO	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT
Career Agent	1 Aug. 1968	NA	30,054	GS-16/7
BENEFITS			YES	NO

SOCIAL SECURITY	YES	NO
FECA DEATH AND DISABILITY	YES	
ANNUAL AND SICK LEAVE	YES	
CIVIL SERVICE RETIREMENT	YES	
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY		NA
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE	YES	
CONTRACT LIFE AND HEALTH INSURANCE		NO
MISSING PERSONS BENEFITS		NO
OTHER (EXPLAIN) IDIC, WARPA, DENTAL DISEASE & ASS'N	YES	

NON-CIA EDUCATION/REENTRY PLAN

High School Graduate

DATES		NON-CIA EMPLOYMENT		
FROM - TO	EMPLOYER	LOCATION	FUNCTION	SALARY
1931 - 1936	Dept. of State	Mexico	Vice-Consul	
1936 - 1941	" "	"	" "	
1941 - 1944	" "	"	" "	
1944 - 1947	CSS/SSU/CIC	Spain & Guatemala	COS	

CIA TRAINING

--	--	--	--	--	--	--

8-16

DATES		CIA EMPLOYMENT HISTORY (BEGINNING WITH COS)				
FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
1 Aug 1968	Ops Off	Career Agent			26,540	15/6
					30,054	16/7
					31,857	

SECRET

FACTORS AFFECTING SUBJECT (PUBLIC EXPOSURE - PRESS, RADIO, TV), KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES

If such factors exist, they have not affected his performance in his present assignment. He is far removed geographically from his overseas assignment.

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

Excellent

B.

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

None

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

This is last tour as he reaches the mandatory retirement age in March 1971.

SECRET

1. NAME (Last-First-Middle)		2. DATE OF BIRTH		3. LONGEVITY COMP. DATE		
[REDACTED]		[REDACTED]		[REDACTED]		
4. STATUS		5. YEARS OF BIRTH		6. US NATURALIZATION DATE(S)		
[REDACTED]		[REDACTED]		[REDACTED]		
7. CURRENT RESERVE		8. RELEASE TO		9. TO BE RETIRED		
[REDACTED]		[REDACTED]		[REDACTED]		
10. ASSIGNMENT DATE		11. PROFESSION		12. LANGUAGE APTITUDE TEST DATE		
None		None		None		
13. DOMESTIC EMPLOYMENT						
1931-33 Dept of State, Encarnada, Mexico - Vice Consul						
1933-41 Dept of State, Mazatlan, Mexico - Vice Consul						
1941-44 Dept of State, Guadalajara, Mexico - Vice Consul						
1944-47 OSS/SSU/CIC, Spain and Guatemala - Chief of Station						
14. DOMESTIC EDUCATION						
High school graduate						
15. FOREIGN LANGUAGE ABILITIES						
Spanish - R High; W Anterm - Apr 1958 P, U, High; S, Inter: Interp & Trans Apr 1957.						
16. AGENCY SPONSORED TRAINING						
1947 Invest Tech						
1947 Photo						
1947 Commo Trng						
1949 Famli in Sound Surveil Equip						
1949 Intel Orient						
1949 SAIC						
1949 AIC						
1949 Documentation						
1949 Crypto						
1952 Psych Warfare						
1952 Cland Pol War						
1956 Basic Supervision						
1956 Cland Pol Warfare						
17. CIA EMPLOYMENT						
TORY SER. 10 SEP 1947 (Personnel Actions, Military Orders, or Principal Details)						
EFFECTIVE DATE POSITION TITLE & CODE GRADE SO ORGANIZATION & ORG. TLE (if any) LOCATION						
Sep 1947						
Mar 1949						
Aug 1949						
Dec 1950						
Aug 1951						
Sep 1952						
Aug 1954						
Jan 1956						
Jun 1957						
Sep 1953						
Mar 1950						
Sep 1951						
Jun 1965						
Aug 1966						
Oct 1967						
18. DATE REVIEWED		19. PROFILE REVIEWED BY		20. ITEMS 18 REVIEWED & VERIFIED BY EMPLOYEE		
13 Feb 1968		hms/hc		No		

SECRET

(When Filled In)

BIOGRAPHIC PROFILE (PART 2)

1. NAME	2. GRADE
3. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE	
4. IDENTIFY OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL	
5. ADDITIONAL INFORMATION	
6. DATE REVIEWED	
7. PROFILE REVIEWED BY	

46. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

47. IDENTIFY OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

48. ADDITIONAL INFORMATION

Appreciation 1954 from Administrator, Bureau of Inspection, Security & Consular Affairs, Dept of State for security assistance furnished during the Tenth Inter-American Conference at Caracas, Venezuela.

Commendation 1952 from Chief, WH Division for superior performance during the Cuban crisis.

Admonition 1962 from C/WH for part in command failure in control and supervision of a sensitive operation.

49. DATE REVIEWED

20 Apr 1966

50. PROFILE REVIEWED BY

hms/nc

FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 2) 1-64 BY 1200 (PART 2) 1-64

SECRET

PROFILE

(1)

SECRET RYBAT

12 May 1970

Memorandum in Lieu of Fitness Report for [redacted]
for the Period 31 March 1969 to 31 March 1970

[redacted] is cost conscious in the expenditure of operational funds; he does not have supervisory responsibilities.

SECRET RYBAT

SECRET RYBAT

Page 2

[Redacted]

[Redacted] his performance has been Strong.

[Redacted]

[Redacted] by employee on 12 May 1970
Employee

I concur with the rating and narrative comments. Subject has
done remarkably well in establishing himself [Redacted]

[Redacted]

REVIEWING OFFICIAL:

[Redacted]

Signature

C/DOI/1

11 June 1970

Date

SECRET RYBAT

CAREER AGENT

SECRET RYBAT

att l

[Redacted]

27 May 1969

Memorandum in Lieu of Fitness Report for [Redacted]
for the Period 26 July 1968 to 31 March 1969

[Redacted]

[Redacted]

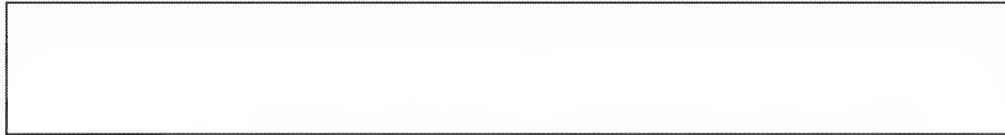
1 SECRET RYBAT

SECRET

RYBAT

Att to USFT-1498

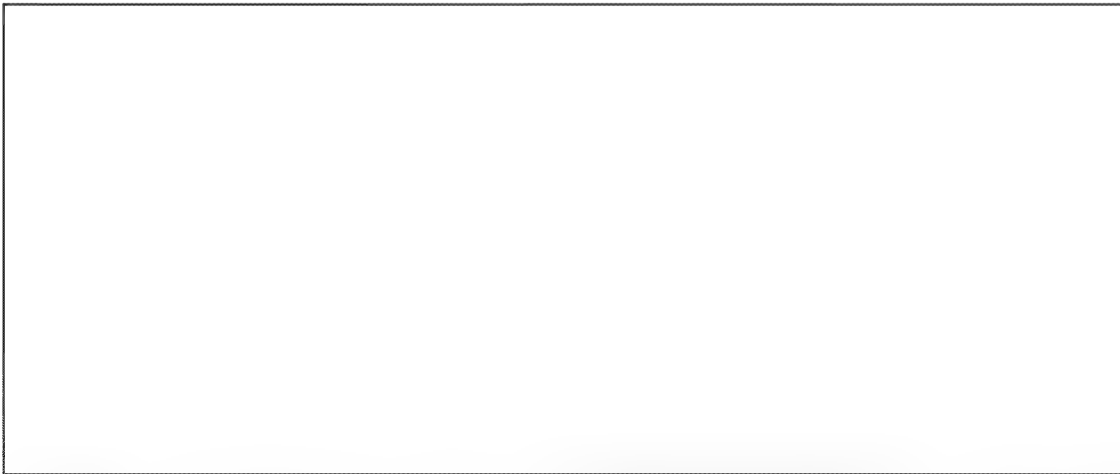
Page 2



[redacted] is cost-conscious in the expenditure of operational funds; he does not presently have any supervisory responsibility.

As has been indicated above, [redacted] has been given a very difficult primary target [redacted]

[redacted] While it has been a frustrating and sometimes exasperating assignment, [redacted] has shown both initiative and perseverance in attacking it; his performance has been Strong.



10 June 1969

Date

[redacted]
Title

SECRET RYBAT

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
				M	GS-16
5. OFFICIAL POSITION/TITLE		7. OFF/DIVISION OF ASSIGNMENT		8. CURRENT STATION	
Chief of Base		DDP			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
		1 April 67 - 31 March 1968			
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief of Base					S
SPECIFIC DUTY NO. 2					RATING LETTER
Establishment and maintenance of operational support mechanisms.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Operational reporting.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Liaison with FBI and DCS, et al.					S
SPECIFIC DUTY NO. 5					RATING LETTER
Direction of recruitment and handling of support assets.					S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[] is much too experienced and practiced a hand for his performance to vary very much from year to year. He has continued to turn in the highly creditable performance [] that has been standard for him for many years. He has managed his subordinates well and has exercised uniformly good judgment in directing their operational efforts. Of particular value has been his steadiness in the face of administrative adversity disrupting the organization of his Base. [] insured that the work of the Base continued uninterrupted and demonstrated his capacity to keep on top of all details and report them to Headquarters as appropriate. It is a credit to [] that in the [] period there was not a single instance [] withdrawing from a relationship with the Base.

The performance of his officers attest the careful guidance and wise leadership which has enabled them to operate securely and well in sensitive areas. His relations with the FBI and DCS are excellent. He is appropriately economy minded. In short, he is a decidedly strong supervisor.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

18 months

[] is in the Field and will be shown a copy of this Fitness Report on his next TDY trip to Headquarters.

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

15 July 1968

C/DO/I

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in rating officer's judgment.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

17 July 1968

Chief, DO Division

SECRET

SECRET
(When Filled In)

DC

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 056292			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	16	D	
6. OFFICIAL POSITION TITLE Chief of Base			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
			DDP/				
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR				
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE				
SPECIAL (Specify):			SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			1 October 1966 - 31 March 1967				
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Base						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Establishment and maintenance of operational support mechanisms.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Operational reporting.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Liaison with the FBI and DCS, et al.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Direction of recruitment and handling operations.						S	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

[redacted] is an old hand at running Bases or Stations abroad and his performance as Chief of Base, [redacted] amply attests that. It goes without saying that he understands all aspects of the business, knows how to delegate, organize, direct and report. He has continued to do all these things well. His seniority, experience and maturity served the Agency in particularly good stead during this period [redacted]

[redacted], through no fault of [redacted] His subsequent and consequent actions were all taken with sound judgment and appropriate calm and circumspection. He was also most receptive to, and cooperative in, Headquarters suggestions in this matter. He is, of course, cost conscious and an excellent supervisor. His overall performance is that of a high order of senior Agency officers.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYED HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6 months	Subject is in the field; a copy of this report is being retained to show him on his next TDY to Hqs.	
DATE	OFFICIAL TITLE OF SUPERVISOR	PRINTED OR POINTEO NAME AND SIGNATURE
21 August	C/DO/I	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur fully in overall rating of "Strong".		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	PRINTED OR POINTEO NAME AND SIGNATURE
28 August 1967	Chief, DO Division	

SECRET

SECRET

21 July 1966

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED], Employee Serial No. [REDACTED] DDP/EUR,
Period: 1 April 1965 - 1 July 1966. SD: D, [REDACTED]

1. Subject, [REDACTED] is a GS-16 and has been assigned [REDACTED] as Chief of Station since October 1961.

2. Subject is an experienced and mature officer dedicated to the Agency's mission. Conscientious and diligent, he readily accepts responsibility and is both thorough and reliable in the performance of his duties. Morale at his station has been consistently high, and Subject enjoys the respect and confidence of his subordinates. He evidences sound and objective judgment and operates well under pressure. In all aspects of the station's activities, he exhibits a high degree of cost consciousness in the expenditure of Government funds and property.

3. Subject's performance has been Strong throughout the rating period and he has obtained a maximum effort from his subordinates. He has enjoyed the confidence of the Ambassador and the other senior Embassy officials, all of whom have demonstrated considerable dependence upon the station.

Rolfe Kingsley
Rolfe Kingsley
Chief, European Division

Concur
131 HDP (TK)
26 July 66

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	09-16
5. OFFICIAL POSITION TITLE			6. SD		
Chief of Station			D		
7. OFF/DIV/BR OF ASSIGNMENT			8. CURRENT STATION		
DDP/WE/					
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 April 1965 - 27 September 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for the period ending 31 March 1965.					
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER B

SECRET

OFFICE OF PERSONNEL

(When Filled In)

SECTION C		
<p>NARRATIVE COMMENTS</p> <p>Indicate significant strengths or weaknesses demonstrated in current position. Give their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p style="text-align: right;">MAIL ROOM</p>		
<p>SECTION D</p>		
<p>CERTIFICATION AND COMMENTS</p>		
<p>1. BY EMPLOYEE</p>		
<p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p>		
DATE	SIGNATURE OF EMPLOYEE	
<p>2. BY SUPERVISOR</p>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
	<p>is currently at his overseas post.</p>	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 65	Chief, WE Division	
<p>3. BY REVIEWING OFFICIAL</p>		
<p>COMMENTS OF REVIEWING OFFICIAL</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
19 OCT 1965	ADDP	Thomas H. Karamessines

SECRET

SECRET

12 May 1968

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [] Employee Serial No. []
Fitness Report for the Period 1 April 1964
to 31 March 1965

1. Subject, [] is a GS-16 and
has been assigned [] as Chief of Station since
October 1961.

2. As Chief of Station, he is charged with the organization and management of the station and is responsible for the planning, direction, and supervision of all its activities. He also exercises general supervision of the
[]

3. Subject serves as the Ambassador's principal intelligence officer, as chairman of the Embassy Defector Committee, as the Agency representative on the Embassy Country Team, and as the coordinator of U.S. clandestine intelligence operations [] Accredited as the Agency's representative to
[]

4. Subject is an experienced and mature officer, possessing an excellent command [] Highly motivated, conscientious, and industrious, he readily accepts responsibility and is both thorough and reliable in the execution of his duties. Even tempered and affable, he holds the confidence and friendship of those whom he directs and those to whom he is responsible, and the morale of his station is noticeably high. He is alert to the operational possibilities

SECRET

704 3 3 05 PM '68

RECEIVED DEPT. OF STATE

of any given situation, evidences sound and objective judgment, and works well under pressure. He writes lucidly, speaks articulately, and exhibits a high degree of cost consciousness in the use of government funds and property. His delegation of responsibility to others is meaningful and well delineated.

5. Subject's performance has been strong throughout the rating period. He has given the station purposeful direction and competent management and as an effective supervisor who commands the loyalty and respect of those whom he supervises, he has succeeded in obtaining a maximum effort from the station personnel. He enjoys the confidence of the Ambassador and other principal officers of the Embassy, several of whom have expressed their appreciation of subject's work and commented on the value of the station's contribution to the functioning of the Embassy. The fact that the Ambassador arrived [redacted] with definite prejudices regarding the Agency but was of quite another mind upon his departure is testimony to subject's skill and tact.

7. In addition to his considerable executive and liaison duties, subject has carried out the previously cited operational assignments with marked ability. He is a convincing and persuasive agent handler, and his operational reporting is prompt and thorough.

8. The only criticism I would make of subject is that I believe the station should be making a greater effort [redacted]

Original Signed
[redacted]

Deputy Chief 05/11/52
Western Europe Division

OVERALL PERFORMANCE IN CURRENT POSITION: "S"

COMMENTS OF REVIEWING OFFICIAL: [redacted] CONCUR

C/WE
[redacted]

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
SECTION A GENERAL						
1. NAME [Redacted] (Middle)		2. DATE OF BIRTH [Redacted]	3. SEX M	4. GRADE 16	5. SO D	
6. OFFICIAL POSITION TITLE Chief of Station, [Redacted]			7. OFF/DIV/RR OF ASSIGNMENT 8. CURRENT STATION DDP/WE, [Redacted]			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 April 1963 - 31 March 1964			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 As Chief of Station, [Redacted] plans and directs all FI, and CA operations [Redacted]						RATING LETTER P
SPECIFIC DUTY NO. 2 Supervises [Redacted] personnel						RATING LETTER P
SPECIFIC DUTY NO. 3 Maintains contact with senior officials [Redacted]						RATING LETTER S
SPECIFIC DUTY NO. 4 Represents the Director of CIA with the Ambassador and other U.S. officials [Redacted]						RATING LETTER O
SPECIFIC DUTY NO. 5 Personally handles several sensitive operations. [Redacted]						RATING LETTER S
SPECIFIC DUTY NO. 6 Supervises [Redacted]						RATING LETTER O
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is one of the Agency's truly mature, experienced operations officers. He has had unusual operational experience [redacted] both in the field and in Headquarters. His activities have spanned both the FI and the CA spectrum. He has and does deal easily and graciously with high ranking officials, both American and foreign. His good sense, poise and dignity never fail to impress. He is a person of principal and high morals. He does not hesitate to express his conviction even though he may have reason to believe such convictions are not popular. He is a strong supervisor who enjoys his subordinate's respect. He is economy minded and made diligent efforts to comply with requests to economize.

[redacted]

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

RE

20 April 1964

Chief, WE/5

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR

Smyly

CLWE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
				M	08 16 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Chief of Station			DDP/WR		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
22 April 1963			1 April 1962-31 March 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Direction of all FI and CA operations.					RATING LETTER S
SPECIFIC DUTY NO. 2 Administration of Station and supervision of personnel.					RATING LETTER S
SPECIFIC DUTY NO. 3 Direct supervision of senior ops officer					RATING LETTER S
SPECIFIC DUTY NO. 4 Personally handles a sensitive operation					RATING LETTER S
SPECIFIC DUTY NO. 5					RATING LETTER S
SPECIFIC DUTY NO. 6 Maintains a working relationship with the Ambassador and other U. S. officials.					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

[] has ably administered a large Station and has displayed maturity, good judgment and tact in the day-to-day management and direction of Station activities and personnel. This has been achieved despite the physical location of Station staff personnel []

Under the direction of [] a far reaching and fruitful major operational program []

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

19

Subject employee is in the field. Report will be shown to him upon his return to Headquarters.

DATE

25 APR 1963

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

DC/IE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in above assessment.

DATE

25 APR 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

C/IE

SECRET

WAT

Recorded by
CSPD

17 April 1962

MEMORANDUM FOR: Acting Chief, WE

SUBJECT :
Fitness Report Covering the Period 14 August 1961 to
31 March 1962

1.

2. To date has given every evidence of a particular ability to cope with the crash program and the acute shortage of personnel with judiciousness and maturity. While it is too early, yet, to pass judgement, there are indications that has been preoccupied

3. As indicated above, has not been in place as Chief of Station long enough to justify firm reservations concerning his management, nor to permit meaningful criticism. Also, as indicated above, his outstanding noticeable strength to date has been his ability to cope with a heavy operational program, a shortage of personnel, and a sometimes difficult operational climate, with judgement, calmness and patience.

Chief, WE/5

CONCUR:

AC/WE

WAT

--

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>Source</u>
	Former Staff Employee		
4 Aug 68	Contract Employee Career Agent with Civil Service Retirement, LPAs and FLS.	\$26,640	GS-16/6
13 Jul 69	LPI	29,219	GS-16/6
5 Oct 69	PBI	30,054	GS-16/7
28 Dec 69	LPI	31,857	GS-16/7
10 Jan 71	LPI	33,757	"
31 Mar 71	Contract terminated (Subject retired)	33,757	"

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER		2 NAME (Last, First, Middle)		3 EFFECTIVE DATE		4 CATEGORY OF EMPLOYMENT	
				NO. 16 19		CAREER AGENT (S)	
5 CONTRACT TERMINATION (08H0000)				6 PREPARED: 04/16/71			
7 FUNDS		8 CF TO V		9 CF TO U		10 CF TO W	
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OR OFFICIAL STATION			
DDP DIRECTORATE				UNITED STATES OF AMERICA			
11 POSITION TITLE				12 POSITION NUMBER		13 CAPTIVE SERVICE DESIGNATION	
OPS OFFICER							
14 CLASSIFICATION SCHEDULE (GS 18, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	
(FULL TIME) GS		0.26.0		16 7		DOG: 032060 LEI: 100569	
18 PERSONNEL STATUS INFORMATION							
BIRTH DATE: 11 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 03							
CITIZENSHIP: US/2187 LONGEVITY COMP: 041847 FEO SERVICE COMP: 012631							
TYPE RETIREMENTS: CSC/FICA HOSPITALIZATION: F PLAN:							
FGLI: YES PREV. GOVT SERV: 4 SAL. TASK LIMIT:							
PAY BASIS: A M/L INC: 0 S/L INC: 4							
19 CONTRACT INFORMATION							
EFF DATE: 080468 EXPIRATION DATE: 080371 DATE ORIG CONTRACT: 080468							
REFERRING OFFICER: DOL PERSONNEL REFR GRG: BOD PHONE: 3376							
20 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES							
TAX STAFF: Y FED EXMP: STATE EXMP: STATE:							
TRAVEL: NHN CPS EXPENSE: Y HOUSING: N POST/EQUAL: N							
HOME LEAVE: C DIFFERENTIAL: N OFFSET CLAUSE: Y STD GOVT: N							
LEGISL PAY: Y PREMIUM PAY: N ALLOWANCE COMM: N EDUCATION: N							
STEP INCRS: Y OTH. TAX ENTL: N OTHER ALLOWNS: N SEPARATION: N							
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA							
SIGNATURE OR OTHER AUTHENTICATION							

Form 11508
7-66 MFG 11-69

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(45)

SECRET

7 April 1971

MEMORANDUM FOR: OF/C&TD/CAS

VIA : Contract Personnel Division

SUBJECT :
Retirement

Career Agent, retired
effective 31 March 1971 under the Civil Service
Retirement System. This memorandum authorizes
the payment by the Office of Finance of any money
due him.

Chief, DO Personnel

CONCUR:

/s/ 14 APR 1971

Chief, Contract Personnel Division
Distribution:

Orig & 1 - Addressee
1 - CPD
1 - Subject's File

1 - DO/Pers Chrono
DO/Pers/ (7 Apr 71) 3193

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL				DATE 22 March 1971	
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE					
PERSONAL DATA					
NAME (L)				OFFICE AND BRANCH OF ASSIGNMENT DO Division	
LOCAL A					
PERMANENT					
				POSITION OR FUNCTIONAL TITLE dOps Officer	
CONTRACT DATA					
DATE CONTRACT EFFECTIVE 8/4/68		DATE CONTRACT LAST RENEWED		DATE CONTRACT EXPIRES Indefinite	
DATE OF CONTRACT TERMINATION 3/31/71					
REASON FOR CONTRACT TERMINATION Subject is retiring effective 31 March 1971.					
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)					
COMPONENT	Cleared BY	DATE	REMARKS		
FINANCE					
LOGISTICS					
PERSONNEL					
Registry					
CONTRACT APPROVING OFFICER		Cleared BY (Signature)		DATE	
SCHEDULE OF INTERVIEWING OFFICES (OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)					
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL	
	DATE	TIME	LOCATION		
CENTRAL COVER STAFF				Cleared BY (Signature)	
				DATE	
OFFICE OF SECURITY PSD				Cleared BY (Signature)	
				DATE	
OFFICE OF PERSONNEL CPD				Cleared BY (Signature)	
				DATE	
REMARKS (Please Initial)					
APPROVED: /s/ Special Contracting Officer					
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT DO Division			SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER C/DO/Personnel		DATE

SECRET

8 MAR 1971

MEMORANDUM FOR: CSPS/Agent Panel

VIA : Central Cover Staff

VIA : Office of Security

VIA : CI Staff

SUBJECT : Summary of Employment

[REDACTED]

Attached hereto is [REDACTED] Summary of
Employment for approval and permanent record.

[REDACTED]

Chief, DO Support Group

Attachment:
As Stated


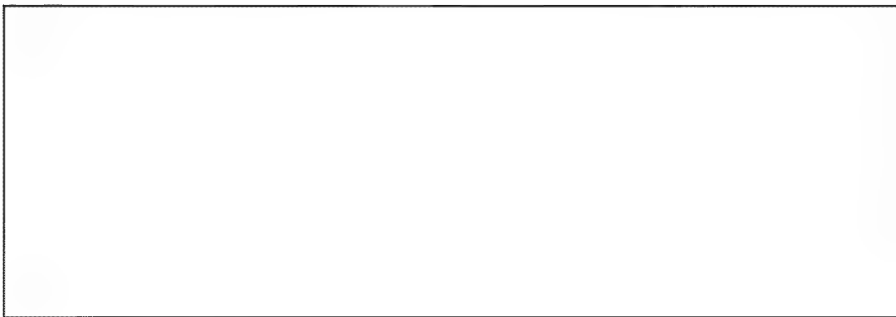
CONCURRENCE:

[REDACTED] (CSPS Agent Panel)
[REDACTED] (Central Cover Staff) 7/2 2111 7/1
[REDACTED] (Office of Security)
[REDACTED] (CI Staff)

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SUMMARY OF EMPLOYMENT

A small, empty rectangular box with a thin black border, likely intended for a signature or a small stamp.A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is likely intended for a detailed summary of employment or a larger stamp.

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle)		10 February 1971	
3. POSITION TITLE		4. GRADE	
Career Agent		Ops Officer	
5. OFFICE		6. EMPLOYEE'S EXT.	
		08-16	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT		<input type="checkbox"/> HQS/TDY	
<input type="checkbox"/> ENTRANCE ON DUTY		<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> TDY STANDBY		<input type="checkbox"/> RETURN FROM OVERSEAS	
<input type="checkbox"/> SPECIAL TRAINING			
<input type="checkbox"/> ANNUAL			
<input type="checkbox"/> RETURN TO DUTY			
<input type="checkbox"/> FITNESS FOR DUTY			
<input type="checkbox"/> MEDICAL RETIREMENT			
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES		SIGNATURE	
<input checked="" type="checkbox"/> NO		ROOM NO. & BUILDING	
		201 Key	
		EXT. 3193	
10. COMMENTS			
Subject will retire effective 31 March 1971. He will come to Headquarters and be available for a medical examination on 22 March. Please schedule the medical during that week. DO is requesting approval for him to enter the Hq building.			
11. REPORT OF EVALUATION			
DATE 31 March 1971			
SIGNATURE FOR CHIEF OF MEDICAL STAFF			
ONS/pro			

1. SERIAL NO.	2. NAME			3. ORGANIZATION	4. FUNDS	5. LWOP HOURS		
	[Redacted] (Career Agent)			DDP/DO	CF			
6. OLD SALARY RATE				7. NEW SALARY RATE			8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI ADJ.
GS-16	6	\$29219	10/08/67	GS-16	7	\$30054	10/05/69	X
CERTIFICATION AND AUTHENTICATION								
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.								
SIGNATURE				DATE				
[Redacted]				28 Oct 69				
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD								
CLERK'S INITIALS					AUDITED			
[Redacted]					[Redacted]			
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION								

44- (4 31) 69

1.3

22 Apr 11 1969

MEMORANDUM FOR: CP/PAB

SUBJECT : - Career Agent

Attached is a copy of [] dated 4 April 1969 in which subject requests cancellation of his optional YACMI plan to be effective 3 May 1969.

Chief, DO Personnel and Training

Attachment: and authorization

CC - OR/C&ED/S&S
CFD

7-1-1964

OK

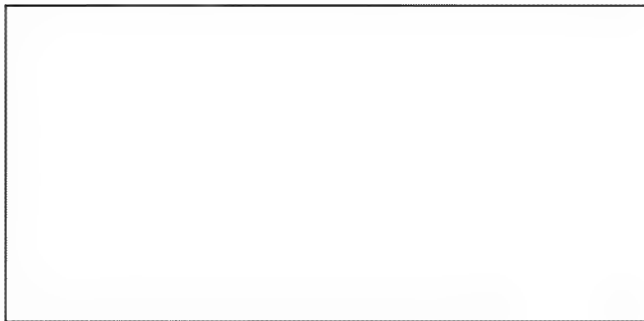
DISPATCH		CLASSIFICATION SECRET	PROCESSING ACTION
TO Chief, [REDACTED]			MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED <input checked="" type="checkbox"/>
FROM Chief of Base, [REDACTED]			ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT [REDACTED]	-Life Insurance Coverage		MICROFILM
ACTION REQUIRED - REFERENCES			
<p>Reference: [REDACTED] dated 29 February 1968 <i>mc</i></p> <p>Forwarded under separate cover is a memorandum from [REDACTED] requesting cancellation as of 3 May 1969 of the \$10,000 optional life insurance coverage under FEGLI which he elected to take in 1968 per the reference. Please forward the memorandum to the Insurance Branch for appropriate action.</p> <p>Originated by [REDACTED] [REDACTED]</p> <p>Attachment: Memorandum a/s/a, 2 copies USC</p> <p>Distribution: 2 - Chief, DO w/attachment</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	[REDACTED]	4 April 1969	
	CLASSIFICATION SECRET	WGS FILE NUMBER	

4 April 1969

MEMORANDUM

TO :
FROM :
SUBJECT : \$10,000 Optional Insurance

This memorandum is authorization to cancel the \$10,000 additional optional life insurance coverage under the Federal Employees Group Life Insurance Program which I elected to take in February 1968. I request that this cancellation be effective as of 3 May 1969.



5 August 1968

MEMORANDUM FOR: CF/PAB

SUBJECT :

[redacted]
Career Agent - Employee No. [redacted]

Subject converted from Staff Employee to Career Agent status effective 4 August 1968. Attached is his FEOLI application signed in pseudonym.

[redacted]
Chief, DO Personnel and Training

Attachment: A/S

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
 - Fill in BOTH COPIES of the form. Type or use ink.
 - Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☐
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STATEMENT" THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

18 July 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

Aug 8 11 25 AM '68
COAT PERS DIV

See Table of Effective Dates on back of Original.

DUPLICATE COPY—For Agency Use

3

STANDARD FORM No. 176-1
JANUARY 1963
(For use only until April 14, 1968)
176-101

SECRET

6 Aug 68

MEMO FOR: The File

SUBJECT : Service
Computation Date

1. On his SF-144 dated 31 July 68 subject claimed following creditable service:

Service	From	To
Dept of State	26 Jan 31	15 Aug 44
OSS/SSJ/CIG	16 Aug 44	17 Sep 47
CIA Staff Employee	18 Sep 47	3 Aug 68
CIA Career Agent	4 Aug 68	date

2. Subject has had continuous service from 26 Jan 1931. Accordingly, this date was set as subject's SCD. Review of subject Staff Employee file this date ~~date~~ found that the Staff Employee file also cited subject's SCD as being 26 Jan 1931.

11/5/71

SECRET

SECRET

31 July 1968

MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP

This is to advise you that
has been employed under an Agency personal services contract
effective 4 August 1968. The contract authorizes
participation in Civil Service Retirement, FEGLI and Federal
Health Insurance.

Subject's contract is the administrative responsibility
of CCP/DO.

Chief
Contract Personnel Division

SECRET

Group 1
Excluded from automatic
downgrading and
declassification

[Redacted]
Dear [Redacted]

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

[Redacted]

3. Compensation. For your services as a Career Agent, you will be compensated at a basic salary of \$26,640 per annum, the equivalent of a GS-16/6. In addition you will be entitled to legislative pay adjustments and within grade promotions in substantial conformance with rules and regulations applicable to Government appointed employees.

4. Funding. If necessary to protect the security of this arrangement, monies due you hereunder may be funded in other than a direct manner. It is understood and agreed that any monies so funded constitute payment by the Government in satisfaction of its obligations under this agreement.

5. Taxes. As a Career Agent, monies paid you under paragraph three (3) above constitute taxable income for Federal tax purposes and you must satisfy your Federal tax liability thereon. Such income may be paid you by or through a cover facility. Because of cover, operational, and security considerations the Tax Committee of this organization is authorized to make certain determinations and establish procedures (including tax withholdings) which will result in the full satisfaction of your Federal income and Social Security tax obligations. It is specifically understood and agreed that such determinations and procedures, whether oral or written, constitute an integral part of this contract and are legally incorporated herein by reference.

SECRET

[Redacted]

6. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by this organization. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your post of assignment. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with applicable Government regulations, or according to the established policies of your cover facility, whichever is directed by the Government.

7. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government or your cover facility. Such funds will be subject to payment and accounting in substantial compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

8. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

9. Benefits. By virtue of your employment relationship with the Government hereunder, you are herein authorized:

(a) Coverage under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs or legal representatives under this Act will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) Continued participation in the Civil Service Retirement System in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(c) Continuation of your present coverage under the Federal Employees' Health Benefits Act. This organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

SECRET



(d) Continued coverage under the Federal Employees' Group Life Insurance Act unless you have previously executed a written waiver of said coverage. This organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

(e) Sick and annual leave equal to and subject to the same rules and regulations applicable to Government appointed employees. Annual leave may only be taken at times and places approved in advance by appropriate Government representatives. All accrued but unused leave credited to your former account as an appointed employee of this organization will be transferred to the leave account established for you under this agreement.

10. Offset. Emoluments (including benefits in kind) received from or through your cover activities are the property of the U. S. Government. Procedurally, such emoluments will be offset against amounts due you under this agreement and are acknowledged to be payment by the Government hereunder and for Federal income tax purposes. You will render signed reports to this organization, every six (6) months, indicating all cover emoluments received during the reporting period. Negative reports covering the same period will be submitted if no cover emoluments are received. Failure to submit timely reports may result in suspension of any contractual payments due you hereunder. If cover emoluments exceed those due you under this contract, you will dispose of the excess amount in conformance with Governmental instructions.

11. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

12. Secrecy. (a) You will be required to keep forever secret this contract and all classified information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws of the United States and other applicable laws and regulations.

(b) In the event you marry or remarry during the term of this contract, you agree to advise this organization at least one hundred twenty (120) days in advance of such contemplated marriage, or otherwise as soon as known, and to furnish such personal history data on your prospective spouse as may be required by this organization. You understand and agree that should this organization determine that your marriage would limit or otherwise impair your usefulness to the Government, this contract may be terminated.

SECRET

13. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

14. Reassignments. During your period of service under this agreement, it may be necessary for this organization to terminate an assignment for reasons beyond your control. In such event, you will be given every consideration for other assignments appropriate to Career Agents.

15. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government. Specifically, you herein acknowledge that this organization makes no commitment, either express or implied, that appointed employment status will be offered you at the conclusion of or during your period of contractual service.

16. Term. This contract is effective as of 4 Aug 68, and shall continue thereafter until your retirement from the organization upon reaching age sixty (60) unless sooner terminated:

(a) Upon ninety (90) days' actual notice by either party hereto, or

(b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or

(c) Without prior notice by the Government, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

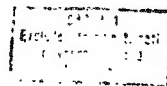
BY _____
Contracting Officer

ACCEPTED:

WITNESS: _____

APPROVED: _____

File
Aug 20 1968
20 Aug 68



SECRET

19 July 1968

MEMORANDUM FOR: Chief, CSPA

ATTENTION: Chief, Agent Branch

SUBJECT: Conversion to Career Agent Status
[redacted] - GS-16

1. Transmitted herewith are the following documents in connection with subject's conversion to Career Agent status:

Contract Check List (3)

[redacted]
Biographic Profile (9)

Latest Fitness Report (9)

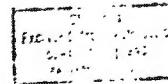
2. The Request [redacted] form has been sent to Chief, Central Cover Staff for consideration. Action is being held up pending subject's TDY at headquarters, on or about 29 July 1968. Appropriate modifications will be worked out with CCS at that time.

3. Subject will convert at his current salary, GS-16/6 and will be assigned [redacted] engaged in spotting, assessing, recruiting and handling agents. The effective date of his contract will be determined following discussions with [redacted] during his TDY.

[redacted]
Chief, DO Support Group

Attachments:
as stated above

SECRET



Complete all items, including "NA" when items are not applicable. Forward original and 100 copies for preparation of contract.		11- 096		10- 096	
SECTION I GENERAL					
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE		2A. PROJECT		3. ALLOTMENT NO.	
<div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div>		3A. FUNDS	
				<input checked="" type="checkbox"/> V <input type="checkbox"/> W	
5. OR ALIASES		6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) \$24,477.00 (GS-16 step 6) Staff from Sept. 1967 to present			
7. SECURITY CLEARANCE (Type and date) Conv. app. 3 Apr 67		7A. MEDICAL CLEARANCE <input checked="" type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) CAREER AGENT			
SECTION II PERSONAL DATA					
11. CITIZENSHIP USA		12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO		13. AGE	
14. DATE OF BIRTH (Month, day, year)		15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)	
17. MARITAL STATUS (Check as appropriate). <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED					
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife Son Son			19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
SECTION III U.S. MILITARY STATUS					
20. RESERVE		21. VETERAN		22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE		24. RANK OR GRADE		25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
				26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION IV COMPENSATION					
27. BASIC SALARY \$26,640* XXXXXXXXXXXXXXXXXXXX \$24,477.00 (GS-16 step 6)		28. POST DIFFERENTIAL		29. COVER (Breakdown, if any)	
				30. FEDERAL TAX WITHHOLDING	
				COVER	
				CIA	
				YES	
				NO	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)					
31. QUARTERS		32. POST		33. OTHER	
34. COVER (Breakdown, if any)					
SECTION VI TRAVEL					
35. TYPES <input type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL				36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
37. HME TO BE SHIPPED		37A. HME TO BE STORED		38. PERSONAL VEHICLE TO BE SHIPPED	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH					
<p>*Salary includes IPI - 14 July 1968</p> <p><i>Compensation appears wrong (14 July 1968)</i></p> <p><i>type for this, 14 July 1968</i></p> <p><i>1968</i></p>					
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES					
SECTION VII OPERATIONAL EXPENSES					
2. PURCHASE OF INFORMATION		43. ENTERTAINMENT		44. OTHER	
yes		yes		as authorized	
5. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES					

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

TELEPHONE EXTENSION

11-6 042

DATE

19 March 1966

NOTE: SEE INSTRUCTIONS ON FIRST SHEET

SECTION VIII

OTHER BENEFITS

46. BENEFITS (See R 20-615, R 20-620, R 20-670, R 20-1000, and RB 20-620-1, RB 20-1000-1 and/or successor regulations for benefits applicable to various categories of contract personnel.)

ALL CAREER AGENT BENEFITS

SECTION IX

COVER ACTIVITY

47. STATUS (Check) ☐ PROPOSED ☐ ESTABLISHED 48. TYPE (Check) ☐ PROPRIETARY ☐ SUBSIDIZED ☐ CULTURAL ☐ EDUCATIONAL ☐ COMMERCIAL ☐ MILITARY ☐ TOURIST ☐ OTHER

49. IF COVER PAYMENTS ARE CONTINGENT, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS ☐ YES ☒ NO ☐ COMPLETE ☐ PARTIAL

SECTION X

OFFSET OF INCOME

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) ☐ TOTAL ☐ PARTIAL ☐ NONE

SECTION XI

TERM

51. DURATION ☐ DAYS ☐ MONTHS ☐ YEARS 52. EFFECTIVE DATE 53. RENEWABLE ☐ YES ☒ NO

54. TERMINATION NOTICE (Number of days) 90 days 55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION ☐ YES ☒ NO

SECTION XII

FUNCTION

56. PRIMARY FUNCTION (CI, PI, PP, other)

FI

SECTION XIII

DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

Spotting, assessing, recruitment and handling of agents

SECTION XIV

QUALIFICATIONS

58. EXPERIENCE

Staff

59. EDUCATION

(Check Highest Level Attained)

☐ GRADE SCHOOL ☒ HIGH SCHOOL GRADUATE ☐ TRADE SCHOOL GRADUATE

☐ BUSINESS SCHOOL GRADUATE ☐ COMMERCIAL SCHOOL GRADUATE

☐ COLLEGE (No degree) ☐ COLLEGE DEGREE ☐ POST GRADUATE ☐ MA ☐ PHD

60. LANGUAGE COMPETENCY

LANGUAGE SPEAK WRITE READ

(Check Appropriate Degree Competency)

Spanish

FLUENT AVERAGE POOR FLUENT AVERAGE POOR FLUENT AVERAGE POOR FLUENT AVERAGE POOR

Inter.

High

61. INDIVIDUAL'S COUNTRY OF ORIGIN

62. AREA KNOWLEDGE

SECTION XV

EMPLOYMENT PRIOR TO CIA

63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING

1931-36 State Dept., Mexico - Vice-Consul (Ensenada)
1938-41 " " " " (Mazatlan)
1941-44 " " " " (Guadalajara)
1944-47 OCS/SSU/CIC, Spain and Guatemala - Chief of Station

SECTION XVI

ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

☐ OVER

APPROVAL

DATE

TYPED NAME & SIGNATURE OF REQUESTING OPERATING OFFICIAL

DATE

C/DO/Pers & Trng

SECRET